2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT# P940000 86018 FILED Apr 22, 2000 8:00 am 1. Entity Name B+L Farms, DIC **Secretary of State** 04-22-2000 90067 035 ***158.75 Principal Place of Business 10800 Biscayne Blod 10000 Biscayne Blud # 810 E1 33161 2. Principal Place of Business 3. Mailing Address 10800 BISCEYNE BIVD DSDD BISCAYNE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. キ 440 **≱**⊣40 4. FEI Number Applied For City & State City & State boith MiAmi F). 65 -0538915 Not Applicable Noith MIAMI Country Zip Zip 5. Certificate of Status Desired Fee Required 3316) us A 3**3**161 U 5A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Lionel marquel -10800 Biscome Blod -440 Street Address (P.O. Box Number is Not Acceptable). porth MIAMI FI 33161 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change CF Addition $eta oldsymbol{oldsymbol{eta}} \mathcal{D}$ with the section \mathcal{D} TITLE TITLE Lionel M. Morguez NAME NAME 10800 BISCEYNE BIND #810 10800 BISCAURE BIND #440 STREET ADDRESS STREET ADDRESS 33161 Notth Mitmi CITY-ST-ZIP both miami Floring CITY-ST-ZIP 33161 **X** Addition X Delete TITLE TITLE NAME tale hadenheim 10800 BISCUYNE BIND HEID DEDOBISCAYNE BIND ALLID STREET ADORESS STREET ADDRESS 3316 MOI th miami CITY-ST-ZIP CIT. ST-ZIP ☐ Addition TITLE HILLE 10800 Biscoyne Brod + 440 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP III. ST-ZIP NOITH MIAMI Change Addition ☐ Delete TITLE BILLE NAME STREET ADDRESS STREET ADDRESS III. ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete HILE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP ☐ Change ☐ Addition ☐ Delete TITLE TULE STREET ADDRESS STREET ADDRESS -- ST ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. 306 842-8187 4-0-00 FLONG W SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR