

FILED

Aug 16, 2001 8:00 am
Secretary of State

07-19-2001 90236 018 ***158.75

08-16-2001 90003 019 ***400.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000086018

1. Entity Name

B+L FARMS, INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

7333 HYPOLYND FARMS RD

Suite, Apt. #, etc.

3. Mailing Address

7333 HYPOLYND FARMS RD

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33463

Country

City & State

LAKE WORTH, FL

Zip

33463

Country

4. FEI Number

65-0538915

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0081481

6. Name and Address of Current Registered Agent

MARQUEZ, LIONEL
10800 BISCAYNE BLVD #440
NORTH MIAMI, FL 33161

7. Name and Address of New Registered Agent

Name
MARQUEZ, LIONEL
Street Address (P.O. Box Number is Not Acceptable)
7333 HYPOLYND FARMS RD
City LAKE WORTH FL Zip Code 33463

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

7-16-01

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)FILE NOW! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	PD
NAME	MARQUEZ, LIONEL	NAME	MARQUEZ, LIONEL
STREET ADDRESS	10800 BISCAYNE BLVD, SUITE 810	STREET ADDRESS	7333 HYPOLYND FARMS RD
CITY-ST-ZIP	MIAMI, FL 33161	CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	DN	TITLE	DN
NAME	LADENHEIM, YALE	NAME	MARQUEZ, LIONEL
STREET ADDRESS	10800 BISCAYNE BLVD, STE 810	STREET ADDRESS	7333 HYPOLYND FARMS RD
CITY-ST-ZIP	MIAMI, FL 33161	CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	STD	TITLE	STD
NAME	MARQUEZ, LIONEL	NAME	MARQUEZ, LIONEL
STREET ADDRESS	10800 BISCAYNE BLVD STE 810	STREET ADDRESS	7333 HYPOLYND FARMS RD
CITY-ST-ZIP	NORTH MIAMI, FL 33161	CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-01

Date

Daytime Phone #

CR2004 (11/00)