

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90035 006 ***158.75

DOCUMENT # P94000086018

1. Entity Name
B & L FARMS, INC.



Principal Place of Business
7333 HYPOLUXO FARMS RD
LAKE WORTH FL 33463
US

Mailing Address
7333 HYPOLUXO FARMS RD
LAKE WORTH FL 33463
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0538915**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

MARQUEZ, LIONEL
7333 HYPOLUXO FARMS RD
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name
MARQUEZ, MARGARET
Street Address (P.O. Box Number is Not Acceptable)
7333 HYPOLUXO 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Margaret Marquez*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-01-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---------------------------------------|--|
| TITLE PD | NAME MARQUEZ, LIONEL | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS 7333 HYPOLUXO FARMS RD | | |
| CITY-ST-ZIP LAKE WORTH FL 33463 | | |
| TITLE DV | NAME MARQUEZ, LIONEL | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS 7333 HYPOLUXO FARMS RD | | |
| CITY-ST-ZIP LAKE WORTH FL 33463 | | |
| TITLE STD | NAME MARQUEZ, LIONEL | <input checked="" type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|--|--|
| TITLE PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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| STREET ADDRESS | |
| 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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret Marquez* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-01-03 **5616429600**
Date Daytime Phone #

CR2E034 (10/02)