

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000046821

1. Entity Name

SIZEMORE FARMS SOUTH FLORIDA, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90168 020 ***150.00

Principal Place of Business

Mailing Address

18850 S.W. 216TH STREET
MIAMI FL 33170

18850 S.W. 216TH STREET
MIAMI FL 33170-1300

2. Principal Place of Business

3. Mailing Address

25250 SW 145 Ave
Suite, Apt. #, etc.

25250 SW 145 Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Homestead FL

City & State

Homestead FL

4. FEI Number

65-0600024

Applied For

Not Applicable

Zip

Country

33032 US

Zip

Country

33032 US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAAS, JOHN P
44 N.E. 16TH STREET
HOMESTEAD FL 33030

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. 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

TITLE PD
NAME FREE, JOHN U JR
STREET ADDRESS 18200 S.W. 293RD ST.
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SIZEMORE, JOHN W
STREET ADDRESS 18850 S.W. 216TH ST.
CITY-ST-ZIP MIAMI FL 33030 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SIZEMORE, VERLAN R
STREET ADDRESS 25250 S.W. 145TH AVE.
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Sizemore
President

4/21/00 305-257-2767

CR2E034 (9/99)