

**2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **P95000048703**

1. Entity Name

**SAVANA FARMS****FILED****May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90151 033 \*\*\*158.75

|                                                                                                |                                                                                    |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>785 Crandon Blvd<br/>Suite 806<br/>Key Biscayne Fl 33149</b> | Mailing Address<br><b>785 Crandon Blvd<br/>Suite 806<br/>Key Biscayne Fl 33149</b> |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

|                                                           |                                               |
|-----------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business<br><b>785 Crandon Blvd</b> | 3. Mailing Address<br><b>785 Crandon Blvd</b> |
| Suite, Apt. #, etc.<br><b>806</b>                         | Suite, Apt. #, etc.<br><b>806</b>             |

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| City & State<br><b>Key Biscayne</b> | City & State<br><b>Key Biscayne</b> |
|-------------------------------------|-------------------------------------|

|                     |                         |                     |                         |
|---------------------|-------------------------|---------------------|-------------------------|
| Zip<br><b>33149</b> | Country<br><b>U.S.A</b> | Zip<br><b>33149</b> | Country<br><b>U.S.A</b> |
|---------------------|-------------------------|---------------------|-------------------------|



DO NOT WRITE IN THIS SPACE

|                                                              |                                                        |
|--------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0593886</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|                                                                                                                      |                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>MORALES, LUZ A<br/>17630 S.W. 4TH CT<br/>PEMBROKE FL 33029</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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                                                                                                             |                                                                                                                         |                                                |                                                                                                                                   |                                                |                                                                                                                            |                                                |                                                                                                                           |                                                |                                                                                                                               |                                                |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                                                                                                                                                           |                                                |                                                                                                                                                                |                                                |                                                                                                                                                                |                                                |                                                                                                                                                               |                                                |                                                                                                                                                                   |                                                |                                                                                                                                                            |
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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

April 25/2000

(305) 365-3689

Date

Daytime Phone #