

# 2300 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**  
 04-04-2000 90012 004 \*\*\*150.00

DOCUMENT # P96000059288

1. Entity Name

Sun Valley Farm, Inc. ✓

Principal Place of Business

Mailing Address

6247 Windlass Circle  
 Boynton Beach, FL 33437

830297

2. Principal Place of Business

3. Mailing Address

6247 Windlass Circle  
 Suite, Apt. #, etc.

PO Box 245186  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Boynton Beach FL  
 Zip 33437 Country USA

Pembroke Pines  
 Zip 33024 Country USA

65-0683397

Not Applicable

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

Name

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

City

FL

Zip Code

Ralph Faga  
 6247 Windlass Circle  
 Boynton Beach, FL 33437

Ralph Faga  
 6247 Windlass Circle  
 Boynton Beach FL 33437

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 Faga, Ralph  
 STREET ADDRESS 6247 Windlass Circle  
 CITY-ST-ZIP Boynton Beach FL 33437 ☐ Delete

TITLE VSD  
 NAME Collie, Donna M  
 STREET ADDRESS 6247 Windlass Circle  
 CITY-ST-ZIP Boynton Beach FL 33437 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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

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 #

Ralph Faga

3-25-00 1-305-628-1890

CR2E034 (9/99)