

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**  
 01-30-2001 90008 048 \*\*\*150.00

**DOCUMENT # P96000060801**

1. Entity Name

**FARMDAY INTERNATIONAL CORP.**

Principal Place of Business

Mailing Address

782 N.W. 42 AVE  
 #638  
 MIAMI FL 33126

P.O. BOX 660647  
 MIAMI SPRINGS FL 33266-0647

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

**65-0702360**

Applied For

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

**MAZZA, TANIA ANTONIETA**  
**1088 HUNTING LODGE DRIVE**  
**MIAMI SPRINGS FL 33166**

Name

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

**6051 NORTH OCEAN DR., APT 303**

City

**HOLLYWOOD**

FL

Zip Code

**33019**

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, 2001 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	<input type="checkbox"/> Delete
NAME	MAZZA-MARTINEZ, TANIA A	
STREET ADDRESS	1088 HUNTING LODGE DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MAZZA, LUIGI	
STREET ADDRESS	1088 HUNTING LODGE DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTINEZ, ARMANDO M	
STREET ADDRESS	1088 HUNTING LODGE DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6051 NO. OCEAN DR. APT. 303
CITY-ST-ZIP	HOLLYWOOD, FLA. 33019
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6051 NO. OCEAN DR. APT. 303
CITY-ST-ZIP	HOLLYWOOD, FLA. 33019
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6051 NO. OCEAN DR. APT. 303
CITY-ST-ZIP	HOLLYWOOD, FL. 33019
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

**ARMANDO M. MARTINEZ**

Date

Daytime Phone #

**1-17-2001 305-461-4141**

CR2E034 (10/00)