

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90217 002 \*\*\*158.75

**DOCUMENT # P96000060801**

**1. Entity Name**  
**FARMDA INTERNATIONAL CORP.**

**Principal Place of Business**

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

**Mailing Address**

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



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**782 NW 42 AVE.**

**Suite, Apt. #, etc.**

**# 637**

**City & State**

**MIAMI FL.**

**Zip**

**33126**

**Country**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**City & State**

**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**

**MAZZA, TANIA ANTONIETA**  
**6051 N OCEAN DR, #303**  
**HOLLYWOOD FL 33019**

**7. Name and Address of New Registered Agent**

**Name**

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

**8835 S.W. 111 TERR.**

**City**

**MIAMI**

**FL**

**Zip Code**

**33176**

**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, 2002 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**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MAZZA-MARTINEZ, TANIA A</b>	
<b>STREET ADDRESS</b>	<b>6051 N OCEAN DR, #303</b>	
<b>CITY-ST-ZIP</b>	<b>HOLLYWOOD FL 33019</b>	
<b>TITLE</b>	<b>VPD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MAZZA, LUIGI</b>	
<b>STREET ADDRESS</b>	<b>6051 N OCEAN DR, #303</b>	
<b>CITY-ST-ZIP</b>	<b>HOLLYWOOD FL 33019</b>	
<b>TITLE</b>	<b>SD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MARTINEZ, ARMANDO M</b>	
<b>STREET ADDRESS</b>	<b>6051 N OCEAN DR, #303</b>	
<b>CITY-ST-ZIP</b>	<b>HOLLYWOOD FL 33019</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>8835 S.W. 111 TERR.</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL - 33176</b>
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>8835 S.W. 111 TERR.</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL - 33176</b>
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>8835 S.W. 111 TERR.</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL - 33176</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**

**ARMANDO M. MARTINEZ** **1-22-02 461-4141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)