

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90098 025 ***150.00

0489018

DOCUMENT # P97000025074

1. Entity Name

FARMANATURAL, INC.

Principal Place of Business

2525 DAVIE RD.
SUITE 330
DAVIE FL 33317

Mailing Address

2525 DAVIE RD.
SUITE 330
DAVIE FL 33317

2. Principal Place of Business

5900 Miami Lakes Drive

3. Mailing Address

5900 Miami Lakes Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Lakes FL

City & State

Miami Lakes FL

Zip

33014

Country

U.S.A.

Zip

33014

Country

U.S.A.

4. FEI Number

65-0742033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KLEIN, THEODORE J ESQ
88 NE 168TH STREET
N. MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

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, 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

TITLE **P** ☐ Delete
NAME **GILINSKI, SAUL**
STREET ADDRESS **2525 DAVIE RD.**
CITY-ST-ZIP **DAVIE FL 33317**

TITLE **D** ☐ Delete
NAME **AZOUT, GILDA**
STREET ADDRESS **2525 DAVIE RD.**
CITY-ST-ZIP **DAVIE FL 33317**

TITLE **DS** ☐ Delete
NAME **GILINSKI, FLORETTE**
STREET ADDRESS **2525 DAVIE ROAD, SUITE 330**
CITY-ST-ZIP **DAVIE FL 33317**

TITLE **D** ☐ Delete
NAME **AZOUT, JACK**
STREET ADDRESS **2525 DAVIE RD.**
CITY-ST-ZIP **DAVIE FL 33317**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Gilinski, Saul**
STREET ADDRESS **5900 Miami Lakes Dr.**
CITY-ST-ZIP **Miami Lakes FL 33014**

TITLE **D** ☒ Change ☐ Addition
NAME **AZOUT, GILDA**
STREET ADDRESS **5900 Miami Lakes Dr.**
CITY-ST-ZIP **Miami Lakes FL 33014**

TITLE **DS** ☒ Change ☐ Addition
NAME **Gilinski, Florette**
STREET ADDRESS **5900 Miami Lakes Dr.**
CITY-ST-ZIP **Miami Lakes FL 33014**

TITLE **D** ☒ Change ☐ Addition
NAME **AZOUT, JACK**
STREET ADDRESS **5900 Miami Lakes Dr.**
CITY-ST-ZIP **Miami Lakes FL 33014**

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

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

Saul Gilinski

3/2/01

Date

(954) 472-7373

Daytime Phone #

CR2E034 (10/00)