

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90094 044 ***150.00

0036773 AV

DOCUMENT # P97000029626

1. Entity Name

MIAMI FLORA FARM, INC.



Principal Place of Business

7963 NW 33RD ST.
MIAMI FL 33122
US

Mailing Address

7963 NW 33RD ST.
MIAMI FL 33122
US



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

65-0756552

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARQUEZ, ALEXIS
378 PLOMER AVENUE
MIAMI FL 33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MARQUES, ALEXIS**
CITY-ST-ZIP **7963 NW 33RD STREET**
MIAMI FL 33122

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment



80137107
P 97000029626

MIAMI FLORA FARM INC.

8/5/03

Attn: Division of Corporation

Reff:

On April 9, 2003 we send you a check # 3791 for the amount of \$ 150.00

To cover my yearly Business report.

Now I receive this new Filing saying that I did not file for this year,

I look in my books and I see That check not beeing put through,

Eitherway , I do pay every year for my filing, looks to me it may have got
Lost on the mail or somewhere , I writing another check for \$ 150.00

Since I do not believe it was my fault. Please call me if there is any problem with

This doing ,since I do not have a phone to contact you and to ask for

Direction on this matter.

My phone # 305-599-63-72



President

Thank You,

