2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000099886 May 08, 2000 8:00 am 1. Entity Name Secretary of State Van Rees Organic Farms, Inc. 05-08-2000 90040 038 ***150.00 Mailing Address 12085 N.W. 2 Avenue Principal Place of Business 12085 N.W. 2 Avenue North Miami, FL 33168 North Miami, FL 33168 2. Principal Place of Business 3. Mailing Address 2335 N.W. 158 Avenue 2335 N.W. 158 Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Pembroke Pines, FL Pembroke Pines, FL 65-0797770 Not Applicable Ζìρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33028 33028 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Van Rees, Kirk S. 12085 N.W. 2 Avenue Street Address (P.O. Box Number is Not Acceptable) 2335 N.W. 158 Avenue North Miami, FL 33168 City Pembroke Pines 33028 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE Addition TITLE Van Rees, Kirk S Van Rees, Kirk S NAME NAME 12085 N.W. 2 Avenue 2335 N.W. 158 Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP North Miami, FL 33168 Pembroke Pines, FL 33028 TITLE Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Kick 5 Van Pees 14-21-00

954-881-6214