

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000103710****1. Entity Name**
THE BAOBAB FARM CORPORATION**FILED**
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90361 012 ***150.00

Principal Place of Business**15401 S.W. 260 ST.**
HOMESTEAD FL 33032**Mailing Address****15401 S.W. 260 ST.**
HOMESTEAD FL 33032**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0805414**

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****RIEGLER, JAMES**
9002 SW 152ND ST
MIAMI FL 33157**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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees****11. OFFICERS AND DIRECTORS****TITLE** **P** ☐ Delete
NAME **GREGSON, JANE S**
STREET ADDRESS **15401 S.W. 260TH STREET**
CITY-ST-ZIP **HOMESTEAD FL 33032-6211****TITLE** ☐ Delete
NAME
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☒ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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**4/5/2002**

Date

305-245-5300

Daytime Phone #

CR2E034 (9/01)