

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000031788**

1. Entity Name

**PATAGONIA NATURAL FOODS, INC.****FILED****May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90024 002 \*\*\*158.75

Principal Place of Business

**9381 NW 13TH ST.  
MIAMI FL 33172**

Mailing Address

**9381 NW 13TH ST.  
MIAMI FL 33172**

2. Principal Place of Business

**9383 NW 13 St.**

Suite, Apt. #, etc.

3. Mailing Address

**9383 NW 13 St.**

Suite, Apt. #, etc.

City &amp; State

**Miami, Florida**

City &amp; State

**Miami, Florida**

Zip

**33172**

Country

**USA**

Zip

**33172**

Country

**USA**

4. FEI Number

**65-0827503**

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOJCIECHOSKI, CRISTIAN A  
9381 NW 13TH ST.  
MIAMI FL 33172**

Name

**Cristian A. Wojciechowski**

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

**9383 NW 13 St.**

City

**Miami**

FL

Zip Code

**33172**

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.

**Cristian A. Wojciechowski**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/26/2001**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PDS</b>			
	<b>WOJCIECHOWSKI, CRISTIAN A</b>	<b>9754 NW 27TH TERR.</b>	<b>MIAMI FL 33172</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>VTD</b>			
	<b>WOJCIECHOWSKI, MARIA B</b>	<b>9754 NW 27TH TERR.</b>	<b>MIAMI FL 33172</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

**Cristian A. Wojciechowski**  
**President**

Date

**4/26/2001**

Daytime Phone #

**(305) 599-0440**

CR2E034 (10/00)