

**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90131 040 \*\*\*158.75

09-05-2003 90103 025 \*\*\*391.25

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

DOCUMENT # P98000039064

1. Entity Name

JACARANDA FARMS, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

16950 NW

3. Mailing Address

16950 NW

Suite, Apt. #, etc.

177 Place

Suite, Apt. #, etc.

177 Place

City & State

Williston, FLORIDA

City & State

Williston, FLORIDA

4. FEI Number

650838439

Applied For

Not Applicable

Zip

32696

Country

Zip

32696

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name PRATS, GABRIEL

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

2121 PONCE DE LEON BLVD., SUITE 240

City CORAL GABLES

FL

Zip Code  
33134

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 resigning)

7-14-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	DPS
NAME	KEILHAUER, MARTA
STREET ADDRESS	16950 NW 177 Place
CITY-ST-ZIP	Williston, FL 32696
TITLE	DVT
NAME	KEILHAUER, JOHN
STREET ADDRESS	16950 NW 177 Place
CITY-ST-ZIP	Williston, FL 32696
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

CR2E0345 (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature, typed or printed name of signing officer or director

7/16/03

Daytime Phone #