

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059237

1. Entity Name

M. LARA FARM LABOR CONTRACTORS, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90081 037 ***150.00

Principal Place of Business

Mailing Address

11901 SW 274TH ST
 HOMESTEAD FL 33032

11901 SW 274TH ST
 HOMESTEAD FL 33032-3365

2. Principal Place of Business

3. Mailing Address

11901 S.W. 274th St.

11901 S.W. 274th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Homestead Florida

Homestead Florida

City & State

City & State

33032

33032

Zip

Country

MIAMI DADE

Zip

Country

MIAMI DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0284807

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

LARA, OLGA
 11901 SW 274TH ST
 HOMESTEAD FL 33032

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 *Olga Lara SD*

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

4-26-2000

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, 2000 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 PD ☐ Delete
 NAME LARA, MANUEL
 STREET ADDRESS 11901 SW 274TH ST
 CITY-ST-ZIP HOMESTEAD FL 33032

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

TITLE SD ☐ Delete
 NAME LARA, OLGA
 STREET ADDRESS 11901 SW 274TH ST
 CITY-ST-ZIP HOMESTEAD FL 33032

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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: *Olga Lara*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

305-258-9226

Daytime Phone #

CR2E034 (9/99)