

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026374

1. Entity Name
LA CARRETA FARM CORPORATION

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90103 012 ***150.00

Principal Place of Business Mailing Address
13255 S.W. 72ND TERRACE 13255 S.W. 72ND TERRACE
MIAMI FL 33183 MIAMI FL 33183-3215



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **05-0913604** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ALONSO, CELESTINO
13255 S.W. 72ND TERRACE
MIAMI FL 33183

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME	PD ALONSO, CELESTINO	TITLE NAME	
STREET ADDRESS	13255 S.W. 72ND TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	CITY-ST-ZIP	
TITLE NAME	STD ALONSO, NELLY	TITLE NAME	
STREET ADDRESS	13255 S.W. 72ND TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE 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.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)