

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 02, 2000 8:00 am**  
**Secretary of State**

06-02-2000 90004 015 \*\*\*150.00

**DOCUMENT #** P99000067625  
**1. Entity Name**  
 FLORBELLA FARMS, INC.

**Principal Place of Business**      **Mailing Address**  
 1401 NW 78th Avenue, #302      1401 NW 78th Avenue, #302  
 Miami, Florida 33126      Miami, Florida 33126

**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**      **Applied For**  
 65-0937048       **Not Applicable**

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

DO NOT WRITE IN THIS SPACE

**5. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

Sylvia Estevez  
 1401 NW 78th Avenue, #302  
 Miami, Florida 33126

Name **Victor Lobato**  
 Street Address (P.O. Box Number is Not Acceptable)  
 1401 NW 78th Avenue, #302  
 City **Miami**      **FL**      Zip Code **33126**

**8. The** named entity submit 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 registering)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)**     

**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	<input type="checkbox"/> Delete
NAME	Lobato, Victor	
STREET ADDRESS	1401 NW 78th Avenue, #302	
CITY-ST-ZIP	Miami, Florida 33126	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Pena, Jorge	
STREET ADDRESS	1401 NW 78th Avenue, #302	
CITY-ST-ZIP	Miami, Florida 33126	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	Estevez, Sylvia	
STREET ADDRESS	1401 NW 78th Avenue, #302	
CITY-ST-ZIP	Miami, Florida 33126	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Colina, Dennis	
STREET ADDRESS	1401 NW 78th Avenue, #302	
CITY-ST-ZIP	Miami, Florida 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	Bertogg, Claudio	
STREET ADDRESS	1401 NW 78th Avenue, #302	
CITY-ST-ZIP	Miami, Florida 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bertogg, Claudio	
STREET ADDRESS	1401 NW 78th Avenue, #302	
CITY-ST-ZIP	Miami, Florida 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. I hereby certify that the information indicated on this report or amendment of the corporation or the receiver has not changed, or on an attachment to this filing does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 of this report with all other like signatures.**

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR