

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 25 AM 11:37

AV 1992300

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

Principal Place of Business <b>1401 NW 78 AVE. SUITE 302 MIAMI FL 33126</b>	Mailing Address <b>1401 NW 78 AVE. SUITE 302 MIAMI FL 33126</b>
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2. Principal Place of Business <b>9460 N.W. 12th St.</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 330188</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>	4. FEI Number <b>65-0937048</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip <b>33172</b>	Country <b>USA</b>	Zip <b>33233</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**LOBATO, VICTOR**  
**1401 NW 78 AVE. SUITE 302**  
**MIAMI FL 33126**

7. Name and Address of New Registered Agent  
Name  
**LOBATO VICTOR**  
Street Address (P.O. Box Number is Not Acceptable)  
**9460 N.W. 12th 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 \_\_\_\_\_ 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LOBATO, VICTOR</b> <b>1401 NW 78 AVE. SUITE 302</b> <b>MIAMI FL 33126</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>PENA, JORGE</b> <b>1401 NW 78 AVE. SUITE 302</b> <b>MIAMI FL 33126</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BERTOGG, CLAUDIO</b> <b>1401 NW 78TH AVE, 302</b> <b>MIAMI FL 33126</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLINA, DENNIS</b> <b>1401 NW 78 AVE. SUITE 302</b> <b>MIAMI FL 33126</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERTOGG, CLAUDIO</b> <b>1401 NW 78 AVE. SUITE 302</b> <b>MIAMI FL 33126</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LOBATO VICTOR</b> <b>9460 N.W. 12th St.</b> <b>Miami, FL 33172</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BERTOGG CLAUDIO</b> <b>9460 N.W. 12th St.</b> <b>Miami, FL 33172</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ARTHO ASTRID</b> <b>2901 S. Bayshore Dr.</b> <b>Miami, FL 33133</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SP</b>

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: ARTHO ASTRID  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/20/01 305-490-9373

CR2E034 (5/01)