

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90053 035 ***150.00

DOCUMENT # P99000067625

1. Entity Name
FLORBELLA FARMS, INC.

Principal Place of Business

**9460 N.W. 12TH ST
 MIAMI FL 33172**

Mailing Address

**9460 N.W. 12TH ST
 MIAMI FL 33172**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. BOX 330188

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip
33233

Country
USA

4. FEI Number

65-0937048

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**LOBATO, VICTOR
 9460 N.W. 12TH ST
 MIAMI FL 33172**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE: **PD** Delete
 NAME: **LOBATO, VICTOR**
 STREET ADDRESS: **9460 N.W. 12TH ST**
 CITY-ST-ZIP: **MIAMI FL 33172**

TITLE: **S** Delete
 NAME: **ASTRID, ARTHO**
 STREET ADDRESS: **2901 S. BAYSHORE DR**
 CITY-ST-ZIP: **MIAMI FL 33133**

TITLE: **TD** Delete
 NAME: **BERTOGG, CLAUDIO**
 STREET ADDRESS: **9460 N.W. 12TH ST**
 CITY-ST-ZIP: **MIAMI FL 33172**

TITLE: Delete
 NAME:
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 CITY-ST-ZIP:

TITLE: Delete
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TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: Change Addition
 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:  SECRETARY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 18, 2002
 Date

305-490-9373
 Daytime Phone #

CR2E034 (9/01)