04/25/2000 11:14 3052434060 LARRY K HOOPER (

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90105 029 ***150.00

DOCUMENT P99000073417

1. Entity Name

Jennings Farms inc.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 15765 SW 206 AVE	3. Mailing Address: P.O. BOX 322111	
Suite, Apt #, etc	Suite, Apt. #, etc.	
City & State: MIAMI Fl	City & State: Homestead Fl	4. FEI Number: 65-094-1160 ☐ Applied For ☐ Not Applicable
Zip: 33087 Country: USA	Zip: 33031 Country: USA	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

James Jennings
19791 SW 302 ST
Homestead Fl 33030

7. Name and Address of New Registered Agent

Name: ~~197 James Jennings~~
Street Address (P.O. Box Number is Not Acceptable): ~~19791 SW 302 ST~~
City: ~~Homestead~~ FL Zip Code: ~~33030~~

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)

[redacted]

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 / STREET ADDRESS / CITY-ST-ZIP	James Jennings Pres. VICE PRES. ☐ Delete 19791 SW 302 ST. Homestead Fl 33030	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec/Tres. ☐ Delete Wendi S. Jennings 19411 SW 240 ST Homestead Fl 33031	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] President 4-27-00 305-969-0478
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #