

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91166 015 \*\*\*150.00

DOCUMENT # **P990000 77290**

1. Entity Name

**Amazon Farms Corp.**

Principal Place of Business

**1421 NW 89ET  
 Miami, FL 33172**

Mailing Address

**1421 NW 89ET  
 Miami, FL 33172**

2. Principal Place of Business

**1421 NW 89ET**  
 Suite, Apt. #, etc.

3. Mailing Address

**1421 NW 89ET**  
 Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

**Miami, FL**

4. FEI Number

**65-0969751**

Applied For

Not Applicable

Zip

**33172**

Country

**USA**

Zip

**33172**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Mark W. Kay, Esq.  
 Gables one Tower-1320 South Dixie Highway  
 Suite 870 - Coral Gables, FL 33146**

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!!!**  
**After MAY 1, 2001**  
**Make Check Payable to Department of State**  
**EE-15 \$150.00**  
**Fee will be \$550.00**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>C.E.O</b>	<input type="checkbox"/> Delete
NAME	<b>Harry Davidson</b>	
STREET ADDRESS	<b>300 S. Brite drive Apt 2405</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>	
TITLE	<b>CM&amp;SO</b>	<input type="checkbox"/> Delete
NAME	<b>Lorna Greiffenstein</b>	
STREET ADDRESS	<b>3264 Virginia Street</b>	
CITY-ST-ZIP	<b>Miami, FL 33133</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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CITY-ST-ZIP		
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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 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: **Lorna Greiffenstein**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

**6/30/01** **305 468-8580**  
 Date Daytime Phone #

CR2E034 (11/00)