

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088924

1. Entity Name  
FARM GROUP, INC.

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90243 027 \*\*\*150.00

Principal Place of Business

2924 NW 72ND AVENUE  
MIAMI FL 33122

Mailing Address

2924 NW 72ND AVENUE  
MIAMI FL 33122

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0958119

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

TRAGER, ROSS CPA  
1000 N. HIATAS ROAD  
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name PEDRO ZAMBRANO

Street Address (P.O. Box Number is Not Acceptable)

2924 N.W. 72 AVENUE

City MIAMI

FL

Zip Code 33022

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, 2001 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  
NAME ZAMBRANO, PEDRO I  
STREET ADDRESS 2924 NW 72ND AVENUE  
CITY-ST-ZIP MIAMI FL 33122 ☐ Delete

TITLE SD  
NAME DE JESUS POSADA, RODRIGO I  
STREET ADDRESS 2924 NW 72ND AVENUE  
CITY-ST-ZIP MIAMI FL 33122 ☐ Delete

TITLE TD  
NAME RESTREPO, JOSE JAVIER  
STREET ADDRESS 2924 NW 72ND AVENUE  
CITY-ST-ZIP MIAMI FL 33122 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO ZAMBRANO

Date

1/16/01 (305) 718-9082

Daytime Phone #

CR2E034 (10/00)