

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2001 8:00 am
Secretary of State
 06-08-2001 90160 026 ***550.00

DOCUMENT # P99000090697
Entity Name
 ESMERALDA FARMS, INC. ✓

Principal Place of Business **Mailing Address**
 444 Arvida Parkway 444 Arvida Parkway
 Coral Gables, FL 33134 Coral Gables, FL 33134

Principal Place of Business **3. Mailing Address**
 1800 NW 89th Place PO BOX 228270
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Miami, FL Miami, FL
Zip **Country** **Zip** **Country**
 33172 USA 33122-8270 USA

4. FEI Number **Applied For**
 65-0965103 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

554175

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Immer, John G., Esq.
 201 S. Biscayne Boulevard, Suite 400
 Miami, Florida 33131

7. Name and Address of New Registered Agent
Name John G. Immer, Esq.
Street Address (P.O. Box Number is Not Acceptable)
 1101 Brickell Avenue
Suite 1400
City Miami **FL** **Zip Code** 33131

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 *John G. Immer* **DATE** 5/29/01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

OFFICERS AND DIRECTORS																	
<table border="1"> <tr> <td>DELETE</td> <td>P/T/D <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>Ullrich, Peter F.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>444 Arvida Parkway</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Coral Gables, FL 33134</td> </tr> </table>	DELETE	P/T/D <input type="checkbox"/> Delete	NAME	Ullrich, Peter F.	STREET ADDRESS	444 Arvida Parkway	CITY-ST-ZIP	Coral Gables, FL 33134	<table border="1"> <tr> <td>DELETE</td> <td>S <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>Ullrich, Maria</td> </tr> <tr> <td>STREET ADDRESS</td> <td>444 Arvida Parkway</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Coral Gables, FL 33134</td> </tr> </table>	DELETE	S <input type="checkbox"/> Delete	NAME	Ullrich, Maria	STREET ADDRESS	444 Arvida Parkway	CITY-ST-ZIP	Coral Gables, FL 33134
DELETE	P/T/D <input type="checkbox"/> Delete																
NAME	Ullrich, Peter F.																
STREET ADDRESS	444 Arvida Parkway																
CITY-ST-ZIP	Coral Gables, FL 33134																
DELETE	S <input type="checkbox"/> Delete																
NAME	Ullrich, Maria																
STREET ADDRESS	444 Arvida Parkway																
CITY-ST-ZIP	Coral Gables, FL 33134																
<table border="1"> <tr> <td>DELETE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	DELETE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>DELETE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	DELETE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	
DELETE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
DELETE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table border="1"> <tr> <td>DELETE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	DELETE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>DELETE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	DELETE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	
DELETE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
DELETE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table border="1"> <tr> <td>DELETE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	DELETE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>DELETE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	DELETE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	
DELETE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
DELETE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	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																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	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																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	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																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	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																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	

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: *Peter F. Ullrich* Peter F. Ullrich **DATE** 6/5/01 **Daytime Phone #** (305) 468-0348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR