

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/21/00

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90015 035 \*\*\*150.00

DOCUMENT # **P99000110353**

Entity Name  
**O H FARMS, INC.**

Principal Place of Business		Mailing Address	
156 NE 3RD STREET BELLE GLADE FL 33430		156 NE 3RD STREET BELLE GLADE FL 33430	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <input checked="" type="checkbox"/>		Applied For	
<i>applied for</i>		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HERNANDEZ, OSNIEL 156 NE 3RD STREET BELLE GLADE FL 33430		Name <i>OSNIEL L. HERNANDEZ</i> Street Address (P.O. Box Number is Not Acceptable) <i>156 N.E. 3RD STREET</i> City <i>Belle Glade</i> FL Zip Code <i>33430</i>	

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	(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) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		<b>\$5.00</b> May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HERNANDEZ, OSNIEL</b>	NAME	<i>OSNIEL L. HERNANDEZ</i>
STREET ADDRESS	<b>156 NE 3RD STREET</b>	STREET ADDRESS	<i>156 N.E. 3RD STREET</i>
CITY-ST-ZIP	<b>BELLE GLADE FL 33430</b>	CITY-ST-ZIP	<i>BELLE GLADE, FL. 33430</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* Date: *04/13/00* Daytime Phone #: *561-790-4758*

CR2E034 (9/99)