

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P99000110353**

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

Principal Place of Business  
**156 NE 3RD STREET  
BELLE GLADE FL 33430**

Mailing Address  
**156 NE 3RD STREET  
BELLE GLADE FL 33430**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

Zip Country Zip Country

4. FEI Number **APPLIED FOR** Applied For Not Applicable

5. Certificate of Status Desired  **\$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  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HERNANDEZ, ORESTES L 156 NE 3RD STREET BELLE GLADE FL 33430</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date: **05/15/01** Daytime Phone #: **361-790-4738**



DO NOT WRITE IN THIS SPACE

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90181 034 \*\*\*150.00

CR2E034 (10/00)

Form **SS-4**

(Rev April 2000)  
Department of the Treasury  
Internal Revenue Service

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

ATTACHED  
47357  
EIN HP9900011033  
OMB No. 1545-0003

PLEASE PRINT CLEARLY OR	<b>1</b> Name of Applicant (legal name) (see instructions) O H Farms, Inc.		<b>3</b> Executor, Trustee, 'Care of' Name
	<b>2</b> Trade Name of Business (if different from name on line 1)		<b>5a</b> Business Address (if different from address on lines 4a and 4b)
	<b>4a</b> Mailing Address (street address) (room, apartment, or suite number) 156 NE 3rd Street		<b>5b</b> City State ZIP Code
	<b>4b</b> City State ZIP Code Belle Glade FL 33430		
	<b>6</b> County and State Where Principal Business is Located Palm Beach Co. Florida		
	<b>7</b> Name of Principal Officer, General Partner, Grantor, Owner, or Trustee — SSN or ITIN may be required (see instructions) Orestes Hernandez		▶ 266-97-4641
	<b>8a</b> Type of entity (Check only one box) (see instructions) <i>Caution: If applicant is a limited liability company, see the instructions for line 8a.</i>		

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other corporation (specify) ▶ S Corp.
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ▶	

<b>8b</b> If a corporation, name the state or foreign country (if applicable) where incorporated Florida	State	Foreign Country
<b>9</b> Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ▶	
<input checked="" type="checkbox"/> Started new business (specify type) ▶ 04/30/01	<input type="checkbox"/> Changed type of organization (specify new type) ▶	
<input type="checkbox"/> Hired employees. (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business	
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify type) ▶	
	<input type="checkbox"/> Other (specify) ▶	

<b>10</b> Date business started or acquired (month, day, year) (see instructions) 04/30/01	<b>11</b> Closing month of accounting year (see instructions) December
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**12** First date wages or annuities were paid or will be paid (month, day, year). *Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year).*

<b>13</b> Highest number of employees expected in the next 12 months. <i>Note: If the applicant does not expect to have any employees during the period, enter '0' (see instructions).</i>	Nonagricultural	Agricultural	Household
	0	0	0

**14** Principal activity (see instructions) ▶ Farming : Vegetables

**15** Is the principal business activity manufacturing?  Yes  No  
If 'Yes,' principal product and raw material used ▶

**16** To whom are most of the products or services sold? Please check one box.  
 Public (retail)  Other (specify) ▶  Business (wholesale)  N/A


**17a** Has the applicant ever applied for an employer identification number for this or any other business?  Yes  No  
*Note: If 'Yes,' please complete lines 17b and 17c.*

**17b** If you checked 'Yes' on line 17a, give applicant's legal name & trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ▶ Trade name ▶

**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate Date When Filed (month, day, year) City and State Where Filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and Title (Please type or print clearly.) ▶ Orestes Hernandez	<b>Business Telephone Number (include area code)</b> (561) 790-4758
	<b>Fax Telephone Number (include area code)</b> (561) 790-4758

Signature ▶  Date ▶ 04/30/01

**Note: Do not write below this line. For official use only.**

Please leave blank ▶	Geo	Ind	Class	Size	Reason for Applying
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