## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 04, 2000 8:00 am Secretary of State **DOCUMENT # \$35071** 1. Entity Name MAXIMA FARMS, INC. 04-04-2000 90006 021 \*\*\*150.00 Principal Place of Business Mailing Address 2761 NW 82 AVE 2761 NW 82 AVE MIAMI FL 33122-1041 MIAMI FL 33122 us 3. Mailing Address 2780 NW 2. Principal Place of Business 744 Ac 2980 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0264432 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRUXTON, GREG S ESQ Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD. STE. #1035 CORAL GABLES FL 33134 Zip Code FL 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. DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Delete TITLE Mauricio Jaman? TOBEL. DEBORA NAME NAME STREET ADDRESS STREET ADDRESS 2761 NW 82ND AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 Addition ☐ Change Delete TITLE TITLE Mike Broom Field NAME KARAMAT, CHRIS NAME 1611 # 31, t St. MW STREET ADDRESS STREET ADDRESS 2761 N.W. 82ND AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 ☐ Delete TITLE Change Addition TITLE Duight Ferguen NAME NAME 6400 George town Pike Mc Lean, VA 22201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME 1411 N. Highland Are. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change → Addition ☐ Delete TITLE TITLE NAME NAME 3404 Dont Place STREET ADDRESS STREET ADDRESS washington DC 20007 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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: NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR A. Water