APPROVED AND FILED

01 MAY -4 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S98293

1. Entity Name

TORCISE BROS. FARMS, INC.

Principal Place of Business	Mailing Address
~~PO BOX 3004 FLORIDA CITY FL 33034~~	~~PO BOX 3004 FLORIDA CITY FL 33034~~

2. Principal Place of Business	3. Mailing Address
950 N. Krome Ave	950 N. Krome Av
Suite, Apt #, etc: #105	Suite, Apt #, etc: #105
City & State: Homestead, Fl 33030	City & State: Homestead, Fl 33030
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0310251 ☐ 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
CORPCO, INC. 2699 S BAYSHORE DRIVE 7TH FLOOR MIAMI FL 33133	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

9. This corporation is eligible to satisfy its annual tax filing requirement and elects to do so. (See criteria on back) ☐

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: D NAME: TORCISE, STEVE SR STREET ADDRESS: ~~15900 SW 408 STREET~~ CITY-ST-ZIP: ~~FLORIDA CITY FL~~ ☐ Delete	TITLE: NAME: TORCISE, STEVE SR. STREET ADDRESS: 950 N. Krome Ave - Suite 105 CITY-ST-ZIP: Homestead, Fl 33030 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

700004314987--4
-05/24/01--01042--017
****150.00 ****150.00

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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: Steve Torcise, SR. Apr 20, 2001 (305) 248-6998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #