

DOCUMENT # V33662

1. Entity Name
FLORINSA FARMS CORPORATION

Principal Place of Business
3900 NW 79 AVE
STE 728
MIAMI FL 33166
US

Mailing Address
3900 NW 79 AVE
STE 728
MIAMI FL 33166
US

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

3. Mailing Address
PO. BOX 522608
Suite, Apt. #, etc.
City & State
Zip
Country

6. Name and Address of Current Registered Agent
CALISTO, AGUSTIN
3900 NW 79 AVE
STE 728
MIAMI FL 33166

7. Name and Address of New Registered Agent
Name
YLONKA CONROY
Street Address (P.O. Box Number is Not Acceptable)
3900 NW 79TH AVENUE, STE 728
City
MIAMI FL Zip Code
33166

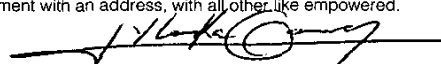
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE
1/10/01

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	VS	<input type="checkbox"/> Delete	TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YLONKA, CONROY		NAME	YLONKA CONROY	
STREET ADDRESS	1368 NW 78TH AVE		STREET ADDRESS	3900 NW 79 AVE STE 728	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALISTO, AGUSTIN		NAME		
STREET ADDRESS	3900 NW 79 AVE STE 708		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL-33166		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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE
1/10/01
Daytime Phone #
305-591-0991