

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90099 044 ***150.00

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DOCUMENT # P99000011487

1. Entity Name
THE FARM BRIDGE, INC.

Principal Place of Business
**C/O BROAD AND CASSEL
 201 S BISCAYNE BLVD., SUITE 3000
 MIAMI FL 33131**

Mailing Address
**C/O BROAD AND CASSEL
 201 S BISCAYNE BLVD., SUITE 3000
 MIAMI FL 33131**

972757



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2000 MARSHALL HUFF RD
 Suite, Apt. #, etc. **B**

3. Mailing Address
2000 MARSHALL HUFF RD
 Suite, Apt. #, etc. **B.**

City & State
DALLAS, GEORGIA

City & State
DALLAS, GEORGIA

Zip
30132 Country **USA**

Zip
30132 Country **USA**

4. FEI Number **650894697** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**B & C CORPORATE SERVICES, INC.
 201 S. BISCAYNE BLVD., SUITE 3000
 MIAMI FL 33131**

7. Name and Address of New Registered Agent
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICARDO DAVALOS, JOSE 201 S BISCAYNE BLVD., STE. 3000 MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPINOSA, DIEGO 201 S BISCAYNE BLVD., STE. 3000 MIAMI FL 33131	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NICOLAS ESPINOSA 201 S. BISCAYNE BLVD. STE 3000 MIAMI, FL. 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARIA FLORESVERRA 15 CARRIAGE CT. JOHNSON CITY - TN - 37609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ALVARO ESPINOSA 201 S. BISCAYNE BLVD. STE 3000 MIAMI FL. 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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

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: Diego Espinosa **DIEGO ESPINOSA** **4/30/01** **770 505 1240**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)