## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 13, 2002 8:00 am § Secretary of State P00000025638 DOCUMENT # 1. Entity Name GROWER2BUYER.COM. INC. 05-13-2002 90173 047 \*\*\*150.00 Principal Place of Business Mailing Address 3349 NW 97TH AVENUE 3349 NW 97TH AVENUE MIAMI FL 33172 200 S. BISCAYNE BLVD. MIAMI FL 33172 3. Mailing Address 2. Principal Place of Business 8410 NW same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State ami City & State 4. FEI Number Applied For 65-0998924 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLETCHER, JOHN S 5300 FIRST UNION FINANCIAL CENTER 200 S. BISCAYNE BLVD. MIAMI FL 33131-2339 8. The above named entity submits this statement for the pu/pose 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 the applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition NAME FERRAND, ALVARO NAME STREET ADDRESS 2025 BRICKELL AVE., SUITE 1602 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33129 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SABOGAL, DANIEL STREET ADDRESS 532 LUENGA AVE STREET ADDRESS CORAL GABLES FL 33146 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE .... Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: