

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90049 006 ***150.00

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DOCUMENT # 99000051927

1. Entity Name Florida Fresh Herbs, Inc ✓

Principal Place of Business 3100 Flamingo Rd. Davie, FL 33330

Mailing Address SAME

2. Principal Place of Business 3100 Flamingo Rd.

3. Mailing Address SAME

Suite, Apt. #, etc. _____

City & State DAVIE, FL

City & State _____

Zip 33330 Country U.S.A.

Zip _____ Country _____

4. FEI Number 65-0676703

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

John White
1645 Palm Beach Lakes Blvd, Suite 1200
West Palm Bch, FL 33401

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

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, 2000 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 <u>President & Director</u>	<input type="checkbox"/> Delete
NAME <u>James Pizzell</u>	
STREET ADDRESS <u>3100 Flamingo Rd.</u>	
CITY-ST-ZIP <u>DAVIE, FL 33330</u>	
TITLE _____	<input type="checkbox"/> Delete
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Delete
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Delete
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	
STREET ADDRESS _____	
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] Date 5/1/00 (954) 476-7878

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

CR2E034 (9/99)