2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0000002319

1. Entity Name

GLOBAL BERRY FARMS, LLC



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90110 006 ****50.00

| Principal Plac | e of Business | Mailing Address | | | 1 | | | | | |
|---|---|--|--------------|------------------------|--|--|-----------|-------------|---------------|------------|
| 2241 TRADE CENTER WAY. SUITE A NAPLES FL 34109 | | 2241 TRADE CENTER WAY, SUITE A NAPLES FL 34109 | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | |
| | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | City & State | 19.5 | 4. FEI Numb | er 59-3664178 | | - | Applied For | e] | |
| Zip | Country | Zip | Coun | try | 5. Certificate | 5. Certificate of Status Desired Fee Requ | | | | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and | Address of New Registe | red Ag | ent | | |
| AGUIRRE-BECK, ARIBEL | | | ~- ~~ • | - Name | | | | | | |
| | TRADE CENTER WAY, SUITE A | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| NAP | LES FL 34109 | | | | | | | | r | - |
| | | | • | | | | | | | _ |
| | | | | City | | | FL | Zip Cod | | |
| 8. The above | named entity submits this statement for ions of registered agent. | the purpose of changing its | registere | ed office or regis | stered agent, or bo | th, in the State of Florida. | am far | niliar with | and accept | 7 |
| the obligat | ons of registered agent. | | | | | | | | | Ì |
| SIGNATURE . | Signature, typed or printed name of registered agent an | nd title if applicable. (NOTE | : Registere | d Agent signature requ | uired when reinstating) | | ATE | | | |
| | | [| | EE IS \$50.0 | | | | | | 1 |
| • | | Make Check Payable | | • | 1 | | | | | |
| | | 1 | | y 1, 2003 | | | | | | 1 |
| 9. | MANAGING MEMBER | S/MANAGERS | 10. | **** | | ADDITIONS/CHAN | GES | | | \dashv |
| TITLE | MGRM | ☐ Delete | Delete TITLE | | | | | Change | ☐ Addition | ٦ <u>ۋ</u> |
| NAME | SHELFORD, JOHN E 8203 LOWBANK DRIVE | | | | | | | | { | |
| STREET ADDRESS : CITY-ST-ZIP | NAPLES FL 33999 | | | ET ADDRESS ST-ZIP | | | | | | 9 |
| TITLE | MGRM | ☐ Delete | TITLE | | | <u>.</u> | | Change | Addition | _ } |
| NAME | AGUIRRE-BECK, ARIBEL | L Delete | NAME | į. | | | L | _1 change | ☐ Addition | 6 |
| STREET ADDRESS | 21277 WAY MOUTH RUN | , | | ET ADDRESS | | | | | - | ļ |
| CITY-ST-ZIP | | | ST-ZIP | | | | | | | |
| TITLE | MGRM | ☐ Delete | TITLE | | , - | | |] Change | Addition | 7 |
| NAME | KLACKLE, MICHAEL | Marie de la Calleria de Carres | NAME | | ه المستهينين الراداد | ساديها السيراري المسجيدية | _ ^ | | | |
| STREET ADDRESS CITY-ST-ZIP | 2241 TRADE CENTER WAY, SUIT NAPLES FL 34109 | EA | | T ADDRESS ST-ZIP | | | | | | |
| TITLE | THAT LEG I E GATIOS | ☐ Delete | TITLE | | GRM | - | | | Addition | \exists |
| NAME | | La Delete | NAME | | | becoek | L, | _ Grange | Addition | 1 |
| STREET ADDRESS | | | | T ADDRESS 0 | 4726 Co | outer Road | 213 | 5 | | |
| CITY-ST-ZIP | | | CITY- | ST-ZIP GY | rand Ki | inction. Mi | ţ_ | 4905 | 56 | |
| TITLE | | ☐ Delete | TITLE | M | 62 m | outly Road unction, Mi | Ē |] Change | Addition | 7 |
| NAME | | | NAME | | aig Thu | iyama Ostrial Roa | | | - | 1 |
| STREET ADDRESS | | | | TADDRESS 3 | 72, Tudi | | - | | | 1 |
| CITY-ST-ZIP | | | 1 | ST-ZIP V | <u>)ctsonui</u> | ile, CA q | 507 | <u>'7_</u> | | 1 |
| TITLE | | ☐ Delete | TITLE | | | | |] Change | Addition | |
| NAME STREET ADDRESS | | | NAME | T ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | ST-ZIP | | | | | | |
| | ertify that the information supplied with the | nis filing does not qualify for t | | | Section 119 07(3)(i | i). Florida Statutes, I furthe | r certify | that the i | information | 4 |

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PR MANAGER, OR AUTHORIZED REPRESENTATIVE

239-591-1664 Daytime Phone #