

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90456 028 ****61.25

DOCUMENT # N32908

1. Entity Name

INTERAMERICAN SOCIETY FOR TROPICAL HORTICULTURE, INC.



Principal Place of Business

**11935 OLD CUTLER ROAD
MIAMI FL 33156
US**

Mailing Address

**11935 OLD CUTLER ROAD
MIAMI FL 33156
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0127202**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMPBELL, DR. RICHARD J
11935 OLD CUTLER ROAD
MIAMI FL 33156**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DST** ☐ Delete
NAME **CAMPBELL, RICHARD J DR**
STREET ADDRESS **11935 OLD CUTLER ROAD**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **DUARTE, ODILO**
STREET ADDRESS **APDO 93**
CITY-ST-ZIP **TEGULCIGALPA, HONDURA**

TITLE **P** ☒ Change ☐ Addition
NAME **Elesbão Ricardo**
STREET ADDRESS **EMBRAPA/AGROINDUSTRIA TROPICAL**
CITY-ST-ZIP **FORTALEZA, CE BRASIL 60511-100**

TITLE **V** ☒ Delete
NAME **ELESBAO, RICARDO**
STREET ADDRESS **EMBRAPA/AGROINDUSTRIA TROPICA**
CITY-ST-ZIP **FORTALEZA, CE BRASIL 60511-100**

TITLE **V** ☒ Change ☐ Addition
NAME **DEMERUTIS, CARLOS**
STREET ADDRESS **PO BOX 025240**
CITY-ST-ZIP **MIAMI, FL 33102**

TITLE **D** ☒ Delete
NAME **CARNE, JONATHAN DR**
STREET ADDRESS **18905 S.W. 280 STREET**
CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE **D** ☒ Change ☐ Addition
NAME **LEDESMA, NORIS**
STREET ADDRESS **11935 OLD CUTLER RD**
CITY-ST-ZIP **CORAL GABLES, FL 33156**

TITLE **D** ☐ Delete
NAME **MANGAN, FRANK**
STREET ADDRESS **BOWDETCH HALL, UNIV OF MASS.**
CITY-ST-ZIP **AMHERST MA 01003**

TITLE ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **DEMERUTIS, CARLOS**
STREET ADDRESS **PO BOX 025240**
CITY-ST-ZIP **MIAMI FL 33102**

TITLE **P** ☒ Change ☐ Addition
NAME **FILGUEIRAS, ELOISA**
STREET ADDRESS **EMBRAPA/AGROINDUSTRIA TROPICAL**
CITY-ST-ZIP **FORTALEZA, CE BRASIL 60511-100**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-15-2003 305 667-1651

CR2E037 (10/02)