FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 29, 2002 8:00 am & Secretary of State DOCUMENT # 337958 1. Entity Name 05-29-2002 90732 012 ***150 00 HOMESTEAD POLE BEAN COOPERATIVE, INC. Principal Place of Business Mailing Address 26000 SOUTH FEDERAL HWY P.O. BOX 322248 P.O. BOX 2248 HOMESTEAD FL 33032-1548 HOMESTEAD FL 33032 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1234713 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent BOREK, ROBERT 26000 S. DIXIE HIGHWAY **HOMESTEAD FL 33032** City 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 printed name of registered agent and title if applicable 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. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 JUTU É ☐ Delete TITLE Addition ☐ Change HILSON, EDWARD NAME Fishman NAME Deering STREET ADDRESS 25101 S.W. 134TH AVENUE STREET ADDRESS ۱ عاعا ۱3 CITY-ST-ZIP HOMESTEAD FL CITY-ST-ZIP Miam TITLE ☐ Delete TITLE ☐ Change Addition NAME DUNAGAN, LARRY NAME STREET ADDRESS 14975 SW 232ND ST STREET ADDRESS CITY-ST-ZIP **GOULDS FL** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME BOREK, JOSEPH E. JR. NAME STREET ADDRESS 600 N.E. 14TH ST. STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME BOREK, ROBERT NAME STREET ADDRESS 23550 S.W. 153RD AVENUE STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33030 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HEDIGER, WAYNE NAME STREET ADDRESS 24155 S.W. 152ND AVENUE STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL CITY-ST-7IP TITLE D ☐ Delete TITLE ☐ Change ☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

BOREK, TEENA

12110 SW 248 STREET

PRINCETON FL 33032

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR