

2000 UNIFORM BUSINESS REPORT (UBR)

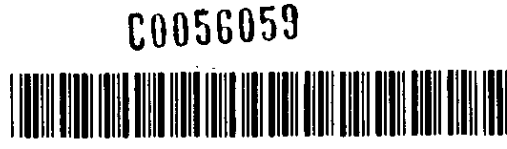
FILED
Apr 10, 2000 8:00 am
Secretary of State
 04-10-2000 90101 042 ***150.00

DOCUMENT # 486292

1. Entity Name
FIESTA FARMS CORPORATION

Principal Place of Business Mailing Address
 3239 MCDONALD AVE 2350 MAGNOLIA DR
 MIAMI FL 33131 N. MIAMI FL 33181-2223

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1626716** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BLANK, ROBERT ESQ.
2 S. BISCAYNE BLVD.
SUITE 3636
MIAMI FL 33131

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2000 Fee will be \$550.00**
Make Check Payable to Department of State 10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
P LAWS, NANCY 2350 MAGNOLIA DR N. MIAMI FL 33181	<input type="checkbox"/> Delete		D LAWS, Harold 1600 Westwood Drive Sandpoint Idaho 83864	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D REINALDO, SCARPETTA CALLE 98 9-13 APT 201 BOGOTA COLUMBIA	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D ECHEVERRI, FABIO CARRERA 11A 93A-62 OF 406 BOGOTA COLUMBIA	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D PEEPLES, L. GRANT 200 S BISCAYNE BLVD STE 4900 MIAMI FL 33131	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> 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.

SIGNATURE: *[Signature]* **5 April 2000** **305 891 3871**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)