

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90030 005 ***150.00

DOCUMENT # **486292**
 1. Entity Name
FIESTA FARMS CORPORATION

Principal Place of Business
FIESTA FARMS % INTL. DEPT.
COCONUT GROVE BANK
2701 S. BAYSHORE DRIVE
MIAMI, FL. 33133

Mailing Address
2350 Magnolia Drive
NORTH MIAMI, FL 33181

C0070596

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1626716

Applied For

Not Applicable

Zip

Country

Zip

Country

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.
 (See criteria on back) ☐

FILE NOW!!
After MAY 1, 2001
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P LAWS, NANCY
2350 MAGNOLIA DRIVE
N. MIAMI, FL 33181 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D. REINALDO SCARPETTA
CALLE 98#9-13
BOGOTA, COLOMBIA. ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D LAWS, HAROLD
1600 WESTWOOD DRIVE
SANDPOINT ID 83864 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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☐ 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy Laws
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

May 10 2001
 Date

(33) 4
6683 3939
 Daytime Phone #

CR2E034 (11/00)