

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90046 027 ***158.75

DOCUMENT # 486292

1. Entity Name

Fiesta Farms Corporation



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Intl. Dept. / Coconut Grove Ant Fiesta Farms Corp

3. Mailing Address

2350 Magnolia Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2701 S. Bayshore Drive

N. Miami, Florida

City & State

City & State

Miami, FL

N. Miami, Florida

Zip

Zip

33133

Country

USA

33181-2223

Country

USA

4. FEI Number

591620716

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Blank, Robert Esq.

Street Address (P.O. Box Number is Not Acceptable)

2699 S. Bayshore Drive, 7th floor

City

Miami

FL

Zip Code

33133

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

January 1 - May 1 Fee is **\$150.00**

After May 1, Fee is **\$550.00**

Amended UBR is **\$61.25**

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME Laws, Nancy
STREET ADDRESS 2350 Magnolia Drive
CITY-ST-ZIP N. Miami, FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Reinaldo Scarpetta
STREET ADDRESS Calle 98 #9-13 Apt 201
CITY-ST-ZIP Bozota, Colombia

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Laws, Harold
STREET ADDRESS 1600 Westwood Drive
CITY-ST-ZIP Sandpoint ID 83864

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 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

April 24/2003

Date

Daytime Phone #

(305) 891 3871

CR2E034B (12/02)