

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91059 024 ***150.00

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DOCUMENT # 522286

1. Entity Name

LA MANZANILLERA FRUIT PROCESSING, INC.



Principal Place of Business
13091 PORT SAID ROAD, BAY 6
OPA LOCKA FL 33054

Mailing Address
13091 PORT SAID ROAD, BAY 6
OPA LOCKA FL 33054

2. Principal Place of Business

3. Mailing Address

11341 NW 64 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, FL

Zip

Country

Zip

Country

33178

USA

4. FEI Number 59-1708957

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AREVALO, ENRIQUE
13091 PORT SAID ROAD, BAY 6
OPA LOCKA FL 33054

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME ENRIQUE, AREVALO
STREET ADDRESS 113 41 N.W 64 TERR
CITY-ST-ZIP MIAMI FL 33178

TITLE P ☒ Change ☐ Addition
NAME Enrique Arevalo
STREET ADDRESS 11341 NW 64 Terr
CITY-ST-ZIP Miami, FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Enrique Arevalo 4/17/03 (305) 685-9347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)