

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763590

1. Entity Name

SOUTHERN FLORIDA TROPICAL GROWERS, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90091 050 ****61.25

Principal Place of Business

18710 S.W. 288 ST.
HOMESTEAD FL 33030-2309

Mailing Address

18710 S.W. 288 ST.
HOMESTEAD FL 33030-2309

2. Principal Place of Business

3. Mailing Address

P.O. Box 901242

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Homestead

Zip

Country

Zip

Country

33090

USA

4. FEI Number

65-0094921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KESSELL, DIANE L
24700 SW 177 AVENUE
P O BOX 1609
HOMESTEAD FL 33031

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME PD/S
STREET ADDRESS O'HAIR, STEPHEN
CITY-ST-ZIP 18905 SW 280 STREET
HOMESTEAD FL 33031

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

TITLE ☐ Delete
NAME T
STREET ADDRESS KESSELL, DIANE L
CITY-ST-ZIP 24700 SW 177 AVENUE
HOMESTEAD FL

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

TITLE ☐ Delete
NAME P
STREET ADDRESS GORDON, SYLVIA
CITY-ST-ZIP 18710 SW 288 ST.
HOMESTEAD FL

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

TITLE ☐ Delete
NAME D/VP
STREET ADDRESS LAMBERTS, MARY
CITY-ST-ZIP 18710 SW 288 ST
HOMESTEAD FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GUZMAN, JUAN
CITY-ST-ZIP 7550 W 30 LANE
HIALEAH FL 33016

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 617, 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:

RENEWAL REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-00 (305) 248-6080