

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763590

1. Entity Name

SOUTHERN FLORIDA TROPICAL GROWERS, INC.

Principal Place of Business

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

Mailing Address

P O BOX 901242  
HOMESTEAD FL 33090

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 771328

City & State

City & State

Miami, Florida

Zip

Country

Zip

Country

33177-1328

U.S.A.

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Sandy Wagner

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

13901 S.W. 160 Street

City

Miami

FL

Zip Code  
33177

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, type 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

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P-D ☒ Change ☐ Addition  
NAME Juan Guzman  
STREET ADDRESS 7550 W 30 Lane  
CITY-ST-ZIP Hialeah, FL 33016

TITLE T ☐ Change ☒ Addition  
NAME Fayma Childs  
STREET ADDRESS 8800 S.W. 97 Terrace  
CITY-ST-ZIP Miami, FL 33176

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 2001

Date

Daytime Phone #

FILED  
Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90364 012 \*\*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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