


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90494 021 ****61.25

DOCUMENT # 790984

1. Entity Name
FLORIDA MOLASSES EXCHANGE, INC.



Principal Place of Business
**2655 N OCEAN DR
RIVIERA BEACH FL 33404**

Mailing Address
**2655 N OCEAN DR
RIVIERA BEACH FL 33404**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1274057**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITE, JOHN B
222 LAKEVIEW AVE
SUITE 1000
WEST PALM BEACH FL 33401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TERRILL, JAMES E	
STREET ADDRESS	111 PONCE DE LEON AVE.	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARSON, DON	
STREET ADDRESS	316 ROYAL POINCIANNA PLZ	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TABERNILLA, ARMANDO A	
STREET ADDRESS	316 ROYAL POINCIANA PLZ	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CONTRERAS, ANTONIO L. JR	
STREET ADDRESS	AIRPORT ROAD	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	AST	<input type="checkbox"/> Delete
NAME	HALE, JOHN A	
STREET ADDRESS	2655 N OCEAN DR	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, LUIS	
STREET ADDRESS	P O BOX 1059	
CITY-ST-ZIP	PALM BEACH FL 33430	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patrick Whidden	
STREET ADDRESS	111 Ponce De Leon Ave.	
CITY-ST-ZIP	Clewiston FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Armando Tabernilla	
STREET ADDRESS	316 Royal Poinciana Plaza	
CITY-ST-ZIP	Palm Beach FL	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Antonio L. Contreras Jr.	
STREET ADDRESS	Airport Road	
CITY-ST-ZIP	Belle Glade, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luis Fernandez	
STREET ADDRESS	PO Box 1059	
CITY-ST-ZIP	Palm Beach, FL 33430	

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 REQUIRED *[Signature]* **4/9/03 (561) 842-2458**

CR2E037 (10/02)