2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

M49524 DOCUMENT #

1. Entity Name CAMPBELL'S FOLIAGE, INC.

SIGNATURE: /



FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90159 032 ***158.75

305-246-0753

				11.5			
Principal Place of Business 17425 SW 272 ST HOMESTEAD FL 33031 US		Mailing Address 17425 SW 272 STREET HOMESTEAD FL 33031 US	17425 SW 272 STREET HOMESTEAD FL 33031				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		,	MIBIL BIBIL BIBIL B	IBH BUBH 1831
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		4. FEI Number 59-2798821 Applied For Not Applied For		
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of 0	Current Registered Agent			7. Name and Address of New Registered	Agent	
CAMPBELL, BRIGID			Name 4	BRIGIA CAMPBELL			
	•		Street Address		(P.O. Box Number is Not Acceptable)		
	V 77TH AVE		7	40	MATORCA HYE		
MIAMI FL	8315/						
	· · · · · · · · · · · · · · · · · · ·		City	PRAC	L GABLES F		34
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, type or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) #### PARTY OF THE PROPERTY							
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.							to Fees
10.		RS AND DIRECTORS	11.	15 -5	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE NAME	DPT CAMPBELL, BRIGID	☐ Delete	TITLE NAME	3.7	T. PBEAL BRIGID MAJORCA AVE AL GABIES, FC 33134	Change	☐ Addition
STREET ADDRESS	15351 S W 77TH AVE		STREET ADDRESS	17.10	POEK PAIG		ĺ
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Coe	AL GABLES, FL 33134		
TITLE	D	☐ Delete	TITLE			Change	Addition
NAME	YOUNG, PANSY		NAME]			j
STREET ADDRESS	16781 SW 78TH AVE		STREET ADDRESS				
CITY-ST-ZIP	DVS		CITY-ST-ZIP		0	X7 Channel	
TITLE NAME	CAMPBELL, PATRICK	☐ Delete	TITLE NAME	SAM	PBELL, PATRICK	Change	☐ Addition
STREET ADDRESS	4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		STREET ADDRESS	740	MATORCA AVIS.	_	ł
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Col	MATORCA AVE.	33/35	L
TITLE	,	☐ Delete	TITLE		,	Change Change	☐ Addition
NAME			NAME	<u> </u>			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		Delete	TITLE	 -		Change	☐ Addition
NAME		. Delete	NAME	<u> </u>		change	Addition
STREET ADDRESS			STREET ADDRESS	}			}
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP	,		CITY-ST-ZIP				}
			he exemption stat		ction 119.07(3)(i), Florida Statutes. I further co		
indicated of the cor	on this report or supplemental i poration or the receiver or truste	report is true and accurate and that my	/ signature shall h	ave the s	ame legal effect as if made under oath; that I Florida Statutes; and that my name appears	Lam an officer -	or director L