2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90035 024 ****61.25

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DOCUMENT # N32908

1. Entity Name

INTERAMERICAN SOCIETY FOR TROPICAL HORTICULTURE, INC.

Principal Place of Business	Mailing Address
11935 OLD CUTLER ROAD MIAMI FL 33156 US	11935 OLD CUTLER ROAD MIAMI FL 33156 US

B0104726

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0127202 ☐ 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
CAMPBELL, DR. RICHARD J 11935 OLD CUTLER ROAD MIAMI FL 33156	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DST CAMPBELL, RICHARD J DR 11935 OLD CUTLER ROAD MIAMI FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BUSTAMANTE, JUAN DE DIOS APDO POSTAL 12 ZACA TEPEC, MORELOS, MEXICO	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DUARTE, ODILO Apdo 93 TEGUCIGALPA, HONDURAS ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DUARTE, ODILO APDO 93 TEGUCIGALPA, HONDURAS	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ~~E~~LESBÃO, RICARDO EMBRAPA/Agroindustria Tropical Cx Postal 3761 60511-100 Fortaleza, CE BRASIL ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARNE, JONATHAN DR 18905 S.W. 280 STREET HOMESTEAD FL 33031	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANGAN, FRANK BOWDETCH HALL, UNIV OF MASS. AMHERST MA 01003	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEMERUTIS, CARLOS PO BOX 025240 MIAMI FL 33102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition SAME

CR2E037 (9/01)

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 _____ April 26, 2002 305 667-1651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #