

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90071 012 ***150.00

DOCUMENT # 1. Entity Name MARTINEZ HARVESTING, INC.	P00000001359 ✓
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Principal Place of Business 2625 North Brook Road Ft. Meade, Fl. 33841	Mailing Address 2625 N. Brooke Rd P.O. Box 644
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2. Principal Place of Business 2625 N. Brooke Rd	3. Mailing Address P.O. Box 644
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Ft. Meade, Fl	City & State Bartow, Florida
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Zip 33841	Country Polk	Zip 33831	Country Polk
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4. FEI Number 59-3619307	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RUTH MARTINEZ 2625 North Brook Road Ft. Meade, Fl. 33841

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.

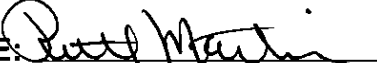
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	RUTH MARTINEZ, AS PRESIDENT <small>(NOTE: Registered Agent signature required when reinstating)</small>	2/16/01 <small>DATE</small>
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Delete Ruth Martinez 2625 N. Brooke Rd Ft. Meade, Fl 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President <input type="checkbox"/> Delete Santana Martinez 2625 N. Brooke Rd Ft. Meade, Fl 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Delete Alicia V. Martinez 2625 N. Brooke Rd Ft. Meade, Fl 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Delete Ruth Martinez 2625 N. Brooke Rd Ft. Meade, Fl 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2/16/01 <small>Date</small>	<small>Daytime Phone #</small>
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CR2E034 (11/00)