FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90163 047 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000040103 ✓

1. Entity Name

HARVEST INTERNATIONAL CONSULTANTS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5524 NW 114 AVE	5524 NW 114 AVE
Suite, Apt. #, etc. # 205	Suite, Apt. #, etc. # 205
City & State MIAMI FL.	City & State MIAMI, FL.
Zip 33178 Country U.S.A.	Zip 33178 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1001328 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ARMANDO YGLESIAS

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

5524 NW 114 AVE # 205

City MIAMI, FL. **FL** Zip Code 33178

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 _____ 4/30/02

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	ARMANDO YGLESIAS
STREET ADDRESS	5524 NW 114 AVE # 205
CITY-ST-ZIP	MIAMI, FL. 33178
TITLE	VICE PRESIDENT
NAME	REY PEREZ
STREET ADDRESS	8760 SW 84TH ST.
CITY-ST-ZIP	MIAMI, FL. 33173
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #