2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

Feb 11, 2002 8:00 am P00000075296 DOCUMENT # **Secretary of State** 1. Entity Name LAS MERCEDES FRUIT CORP. 02-11-2002 90218 046 ***150.00 Mailing Address Principal Place of Business 1531 W FLAGLER STREET 1531 W FLAGLER STREET MIAMI FL 33135-2117 MIAMI FL 33135-2117 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-1033247 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RIVERI, MERCEDES Street Address (P.O. Box Number is Not Acceptable) 1531 W FLAGLER STREET MIAMI FL 33135-2117 Zip Code City FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ~ ☐ Addition CR2E034 (9/01) TITLE TITLE ☐ Delete NAME RIVERI, MERCEDES NAME **1531 W FLAGLER STREET** STREET ADDRESS STREET ADDRESS 33135 - 2/17 CITY-ST-ZIP MIAMI FL 33135-2117 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME RIVERI, MAGALYS NAME STREET ADDRESS 1531 W FLAGLER STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33135-2117 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED