2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 02, 2001 8:00 am Secretary of State DOCUMENT # P00000102060 GARDUNO HARVESTING INC. 03-02-2001 90041 007 ***150.00 Principal Place of Business Mailing Address 616 CREWS LANE P.O. BOX 1293 WAUCHULA FL 33873 **BOWLING GREEN FL 33834** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3680529 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARDUNO, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 616 CREWS LANE WAUCHULA FL 33873 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME GARDUNO, ENRIQUE STREET ADDRESS STREET ADDRESS 616 CREWS LANE CITY-ST-ZIP CITY-ST-ZIP WAUCHULA FL 33873 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME IOZANO, CRISTINA NAME STREET ADDRESS STREET ADDRESS 616 CREWS LANE CITY-ST-ZIP CITY-ST-ZIP WAUCHULA FL 33873 - Change - Addition - - - Delete -TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST=ZIP

TITLE

☐ Delete

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

☐ Change

Addition