

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO1000039496

1. Entity Name  
Quetzal Growers, Inc. D/B/A  
JAVIER GROWERS INC

FILED

03 OCT -7 PM 3:52

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
30602 SW 214 Ave 529 SW 7 Ct.  
Florida City, FL 33034 Florida City FL 33034

2. Principal Place of Business 30602 SW 214 Ave  
 Suite, Apt. #, etc.  
 3. Mailing Address 529 SW 7 Ct.  
 Suite, Apt. #, etc.

City & State Florida City FL City & State Florida City, FL  
 Zip 33034 Country USA Zip 33034 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4206247 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Santiago Gaspar  
18820 SW 355 Terr.  
Florida City, FL 33034

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 \_\_\_\_\_ (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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2009 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY - ST - ZIP	<u>Francisco Andres P</u> <input type="checkbox"/> Delete <u>529 SW 7 Ct.</u> <u>Florida City, FL 33034</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Santiago Gaspar D</u> <input type="checkbox"/> Delete <u>18820 SW 355 Terr</u> <u>Florida City, FL 33034</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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 <u>600023613886</u> <u>10/07/03--01037--029 **300.00</u>
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: Francisco Andres Date 10/11/03 Phone # 305-242-1124