## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P01000042862

1. Entity Name

**SIGNATURE:** 

ARAUCO PRODUCE & PROVISIONS INC.



## FILED Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90134 021 \*\*\*158.75

|  |                       |  |                   |  |                             |                               | TE ST   |                                |                        |   |                                   |                                     |                     |     |
|--|-----------------------|--|-------------------|--|-----------------------------|-------------------------------|---|--------------------------------|------------------------|---|-----------------------------------|-------------------------------------|---------------------|-----|
| Principal Place of Business<br>2821 S.W. 39TH AVE.<br>MIAMI FL 33134 |                       |  | 2821              | Mailing Address<br>2821 S.W. 39TH AVE.<br>MIAMI FL 33134 |                             |                               |   |                                |                        | <b>a</b> i 14841 <b>ab</b> 111 <b>a</b> a | 113 <b>00</b> 110 <b>80</b> 113 1 | 01010 (R <b>1</b> 01 1 <b>1</b> 110 | . Drinko (iode kode |     |
| 2. Principal P   | lace of Rusin         | PSS  |                   | ling Address   |                             |                               | <u>ن</u> ناسبت. الله المساسبة |                                |                        |   |                                   |                                     |                     |     |
| <b>2.</b> Trinoipari   | acc of Basin          | 000  | 0. ma             | o. Mailing / Goress                                      |                             |                               |   |                                |                        |   |                                   |                                     |                     |     |
| Suite, Apt.  | #, etc.               |  | Suit              | Suite, Apt. #, etc.                                      |                             |                               |   | ☐ CHECK HERE IF MAKING CHANGES |                        |   |                                   |                                     |                     |     |
| City & State   | е                     | City   | City & State      |  |                             |                               | 4. FEI Number 65-1100883  |                                |                        |   |                                   | pplied For<br>ot Applicable         | -                   |     |
| Zip  | Zip Country           |  |                   | Zip Count  |                             |                               | 5. Certificate of Status Desired  |                                |                        |   |                                   | \$8.75 Additional<br>Fee Required   |                     |     |
|  |                       | 7. Name and Address of New Registered Agent                        |                   |  |                             |                               |   |                                |                        |   |                                   |                                     |                     |     |
| CARDAGO  | 0 1000                | <b>.</b>   |                   |  | ĺ                           | Name                          | TOR   | GE                             | CARR.                  | 4 <i>3</i> CO                             |                                   |                                     |                     |     |
|  | O, MIGUEL             |  | <b></b>           |  |                             |                               | dress (P.O. Box Number is Not Acceptable)   |                                |                        |   |                                   |                                     | 1                   |     |
|  | 39TH AVE.             |  | - \               |  |                             |                               | 21 S.W. 39TH Ave  |                                |                        |   |                                   |                                     | -                   |     |
| MIAMI FL   | 33134                 | • • •  |                   |  |                             |                               |   |                                |                        | y r /du                                   | ve                                |                                     |                     |     |
|  |                       |  |                   |  |                             | City MIAMI, FL                |   |                                |                        | FL Zip Code                               |                                   |                                     |                     |     |
|  |                       | submits this statem  | nent for the purp | ose of changing its                                      | registere                   | d office or                   | registere   | ed age                         | ent, or both, in th    | e State of Fid                            | orida. I any                      | familiar with,                      | and accept          | 1   |
| the obligati   | ions of registe       | ered agent:  |                   |  | ,                           |                               |   |                                |                        | <b>4</b> 3                                | _/~                               | . /                                 | ,<br>,<br>,         |     |
| SIGNATURE _  |                       | 24c  | <u>Cer</u>        | ung.   | س                           | )                             |   |                                |                        | 0 2                                       | 5 / <u>~</u>                      | <u> </u>                            | <u> </u>            |     |
|  |                       | r printed name of registere  |                   | ilicable. (NOT   | E: Hegistered               | Agent signatu                 | ire required  | when rein                      | nstating)              | ٠   | [ DAIE                            |                                     |                     | 4   |
| FI<br>After<br>Make Check  | •                     |  |                   |  | 9. Election C<br>Trust Fund | Campaign Fir<br>d Contributio |   |                                | 00 May Be<br>d to Fees |   |                                   |                                     |                     |     |
| 10.  |                       | OFFICERS   | AND DIRECTO       | RS   | 11.                         |                               |   | ADE                            | DITIONS/CHAN           | GES TO OFF                                | ICERS AND                         | DIRECTOF                            | RS IN 11            | 1   |
|  | PD                    |  |                   | 💢 Delete   | TITLE                       |                               |   |                                | BNT                    | _   |                                   | K Change                            | ☐ Addition          | 73  |
|  | CARRASCO<br>2821 S.W. | ), MIĞUÉL C  |                   |  | NAME                        |                               | 7014  | 60                             | CARRAS                 | 5CD                                       |                                   |                                     |                     | 1   |
|  | MIAMI FL 3            |  |                   |  |                             | T ADDRESS<br>ST-ZIP           | MIA   | l 5><br>Mí                     | W 395H<br>FL 33        | 134                                       |                                   |                                     |                     | 3   |
|  | VD                    |  |                   | Detete   | TITLE                       |                               | 11200   | 141                            | 16 55                  | 77  |                                   | Change                              | Addition            | 1 2 |
|  | CARRASCO              | ), JORGE   |                   |  | NAME                        |                               |   |                                |                        |   |                                   |                                     |                     | ١   |
|  | 2821 S.W.             |  |                   |  |                             | T ADDRESS                     |   |                                |                        |   |                                   |                                     |                     | '   |
|  | MIAMI FL 3            | 3134   |                   |  | -                           | ST-ZIP                        |   |                                |                        |   |                                   |                                     |                     | 4   |
|  | STD                   | ADMANDO A  |                   | ☐ Delete   | TITLE                       |                               |   |                                |                        |   |                                   | ☐ Change                            | ☐ Addition          |     |
| NAME<br>STREET ADDRESS   | 2821 S.W.             | ARMANDO A  |                   |  |                             | T ADDRESS                     |   |                                |                        |   |                                   |                                     |                     |     |
|  | MIAMI FL 3            |  |                   |  |                             | ST-ZIP                        |   |                                |                        |   |                                   |                                     |                     | ].  |
| TITLE  |                       |  |                   | ☐ Delete   | TITLE                       |                               |   |                                |                        |   | <del></del> .                     | ☐ Change                            | ☐ Addition          | 1   |
| NAME   |                       |  |                   |  | NAME                        |                               |   |                                |                        |   |                                   |                                     |                     | ĺ   |
| STREET ADDRESS CITY-ST-ZIP   |                       |  |                   |  |                             | T ADDRESS<br>ST-ZIP           |   |                                |                        |   |                                   |                                     |                     | ł   |
| TITLE  |                       |  |                   | ☐ Delete   | TITLE                       | 31-21                         |   |                                |                        |   |                                   | ☐ Change                            | Addition            | -   |
| NAME   |                       |  |                   | CT DEIGE   | NAME                        |                               |   |                                |                        |   |                                   | □ Ollalige                          | ☐ Addition          |     |
| STREET ADDRESS   |                       |  |                   |  |                             | T ADDRESS                     |   |                                |                        |   | •                                 |                                     |                     |     |
| CITY-ST-ZIP  |                       |  |                   |  | CITY-                       | ST-ZIP                        |   |                                |                        |   |                                   |                                     |                     | 1   |
| TITLE  |                       |  |                   | Delete   | TITLE                       |                               |   |                                |                        |   |                                   | Change                              | Addition            |     |
| NAME<br>Street Address   |                       |  |                   |  | NAME<br>STREE               | T ADDRESS                     |   |                                |                        |   |                                   |                                     |                     |     |
| CITY-ST-ZIP  |                       |  |                   |  |                             | ST-ZIP                        |   |                                |                        |   |                                   |                                     |                     |     |
| indicated (  | on this report        | information supplie<br>or supplemental re<br>e receiver or trustee | port is true and  | accurate and that n                                      | ny signatu                  | ire shall ha                  | ave the s   | ame le                         | egal effect as if n    | nade under d                              | oath; that I a                    | am an officer                       | r or director .     |     |
|  |                       | chment with an add   |                   |  |                             | ou by Chap                    | p.G. 007,   | , i londi                      | a olatutes, allu l     | патну нап                                 | e appears r                       | IT DIOCK TO O                       | DIOCK I LII         | 1   |