

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91587 012 ***150.00

DOCUMENT #

1. Entity Name

Saldivar Farms, Inc.

PO1000060022

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13520 East Bonita Beach Rd.

Suite, Apt. #, etc.

3. Mailing Address

c/o CPA Financial, P.A.

Suite, Apt. #, etc.

P.O. Box 2507

City & State

Bonita Springs, FL

Zip

34135

Country

USA

City & State

Bonita Springs, FL

Zip

33959

Country

USA

4. FEI Number

80-0032576

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

Lawrence Perier

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

27657 Old 41 Road

City

Bonita Springs

FL

Zip Code

34133

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

Lawrence Perier

Signature typed or printed name of registered agent and UBR if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/02

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. *VSTB* OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Saldivar, Juan
13520 East Bonita Beach Rd
Bonita Springs FL 34135

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PO
Saldivar, Raul Sr.
13520 Bonita Beach Rd
Bonita Springs FL 34135

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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:

Juan Saldivar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #