

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 29 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000092488

1. Entity Name  
POTATO PLUS, INC.



Principal Place of Business  
1927 N.W. 22ND STREET  
MIAMI, FL 33142

Mailing Address  
1927 N.W. 22ND STREET  
MIAMI, FL 33142

2. Principal Place of Business  
590 SE 2 STREET  
Suite, Apt. #, etc.

3. Mailing Address  
590 SE 2 STREET  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
HIALEAH FLORIDA  
Zip  
33010  
Country  
USA

City & State  
HIALEAH FLORIDA  
Zip  
33010  
Country  
USA

4. FEI Number  
65-1146381

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CEBALLOS, DOMINGO F  
1927 N.W. 22ND STREET  
MIAMI, FL 33142

7. Name and Address of New Registered Agent

Name  
DIAZ, LEOCADIO

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

590 SE 2 STREET

City  
HIALEAH

FL

Zip Code  
33010

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. I am familiar with, and accept the obligations of registered agent.

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  
After May 1, 2003 Fee will be \$550.00  
Amended UBR is \$51.25  
Make Check Payable to Florida Department of State

9. Election, Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
PVD  
CEBALLOS, DOMINGO F  
STREET ADDRESS  
1927 N.W. 22ND STREET  
CITY-ST-ZIP  
MIAMI, FL 33142 ☒ Delete

TITLE  
NAME  
STD  
LOPEZ, YAMILET  
STREET ADDRESS  
1927 N.W. 22ND STREET  
CITY-ST-ZIP  
MIAMI, FL 33142 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
PVD  
DIAZ, LEOCADIO  
STREET ADDRESS  
590 SE 2 ST  
CITY-ST-ZIP  
HIALEAH, FL 33010 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)