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

## **DOCUMENT #**

P01000122265

SICHATURE TO THE SIGNATURE AND TYPEUTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Name

SIGNATURE:

ABACO GROWERS, INC.



## FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90227 024 \*\*\*150.00

Daytime Phone #

Suits, Apt #, etc.    Check Here IF MAKING CHANGES	28525 SW 202 AVENUE HOMESTEAD FL 33030  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.	
Suits, Apt #, etc.    Check Here IF MAKING CHANGES	Suite, Apt. #, etc.  Suite, Apt. #, etc.	
City & State  Country  Country  Country  S. Cerdificate of Status Desired  \$8.75 Additional Free Country  Superand Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  City State  Superand Address of New Registered Agent  Name  City State  Superand Address of New Registered Agent  Name  City State  Superand Address of New Registered Agent  Superand Address of New Registered Agent  Name  City State  Superand Address of New Registered Agent  Name  City State  Superand Address of New Registered Agent  Name  City State  Superand Address of New Registered Agent  Name  City State  Superand Address of New Registered Agent  Note of City State  Superand Address of New Registered Agent  Note of City State  Superand Address of New Registered Agent  Note of City State  Superand Address of New Registered Agent  Note of City State  Superand Address of New Registered Agent  Note of City State  Superand Address of New Registered Agent  Note of City State  Superand Address of New Registered Agent  Note of City State  Superand Address of New Registered Agent  Note of City State  Superand Registered Agent  Note of City State  Note of City	07.40	
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Zip Country Zip Country 5. Certificate of Status Desired	City & State City & State	☐ CHECK HERE IF MAKING CHANGES
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The bloove named onlity submits this attatement for the purpose of changing its registered Agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered Agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered Agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered Agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered Agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered Agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered Agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered Agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered Agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered Agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered Agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida.  9. Florida Campaign Flinancing Trust Fund Contribution.  9. Florida Campaign Flinancing Trust Fund Contrib		NOT APPLICABLE 1 NOT STORY
PASTRAN, RAUL 333 NE 8TH STREET HOMESTEAD FL 33030  8. The above named entity submits this statement for the purpose of changing its registrates agent.  9. City	Zip Country Zip Country	5. Certificate of Status Desired \$8.75 Additional
PASTRAN, RAUL  333 NE 8TH STREET HOMESTEAD FL 330309    Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent	
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	Name	Admire and Address of New Registered Agent
B. 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 policy of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the policy of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the policy of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered office or registered office or registered office.  If I an in the State of Florida. I am familiar with, and accept the purpose of changing its registered office or registered office or registered office.  If I an in the State of Florida. I am familiar with, and accept the purpose of changing its registered office or registered office or registered office.  If I an in the State of Florida. I am familiar with, and accept the purpose of change agent, or both, in the State of Florida. I am familiar with, and accept the purpose of change agent, or both, in the State of Florida. I am familiar with, and accept the purpose of change agent, or both, in the State of Florida. I am familiar with, and accept the purpose of change agent, or both, in the State of Florida. I am familiar with, and accept agent agent of the purpose of change agent	333 NE 8TH STREET  HOMESTEAD EL 33030	Address (P.O. Box Number is Not Acceptable)
B. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the polygonian of registered agent, by each or pinked name of registered agent and site if applicable.    FILE NOW!!! FEE IS \$150.00		Fluxestes of Fluxestes Code
SIGNATURE Signature Signature Provided name of registered agent and life if applicable.    PILE NOW!!! FEE IS \$150.00	8. The above named entity submits this statement for the purpose of changing its registered office of the obligations of registered exect.	or registered agent, or both, in the State of Florida. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITUS FUND CCHIARO, MICHAEL  IRRET ADDRESS  IRRET ADDRE	the yongations of registered agent,	
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	I hereby certify that the information supplied with this filing does not qualify for the exemption state indicated on this report or supplemental report of true and accurate and that my signature shall have of the corporation or the receiver or truetee impowered to execute this report as required by Charchanged, or on an attachment with an address, with all other like empowered.	