

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

DOCUMENT # **P02000107837**

1. Entity Name
AAA SANDOVAL FARMS INC.



Principal Place of Business
**P.O. BOX 98
IMMOKALEE FL 34143-0098**

Mailing Address
**P.O. BOX 98
IMMOKALEE FL 34143-0098**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

6. Name and Address of Current Registered Agent

**GALAN, ESMERALDA
550 N 19 ST LOT 45
IMMOKALEE FL 34142**

4. FEI Number **01-0708056** **Applied For**
Not Applicable

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

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. 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
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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **SANDOVAL, ANTONIO R**
STREET ADDRESS **550 N 19 ST LOT 45**
CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **D** Delete
NAME **GALAN, ESMERALDA**
STREET ADDRESS **P.O. BOX 98**
CITY-ST-ZIP **IMMOKALEE FL 34143-0098**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
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Change Addition

STREET ADDRESS
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Change Addition

TITLE Delete
NAME
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TITLE
NAME
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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:

Antonio R. Sandoval

1/09/03 239-503-0090

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)