

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0006539 AT

DOCUMENT # P02000131912

1. Entity Name
SANTA ROSA RANCH, INC.



FILED

03 OCT 30 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7101 NW 113TH COURT
MIAMI FL 33178

Mailing Address
7101 NW 113TH COURT
MIAMI FL 33178

2. Principal Place of Business
7200 SW 196th

3. Mailing Address
P.O. BOX 1984

City & State
Okeechobee / FL
Zip
34974 Country
USA

City & State
Okeechobee / FL
Zip
34973 Country



REINSTATEMENT

4. FEI Number
51-0449248

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

6. Name and Address of Current Registered Agent
LOPEZ, PABLO M
7101 NW 113TH COURT
MIAMI FL 33178

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 _____ (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 ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P,D
RODRIGUEZ, CONRADO
1825 SE 4TH STREET
OKEECHOBEE FL 34974

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP,D
LOPEZ, PABLO M
7101 NW 113TH COURT
MIAMI FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
600023802636
10/15/03--01016--026 **550.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S,D
RODRIGUEZ, BARBARA
7101 NW 113TH COURT
MIAMI FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
600023802636
10/30/03--01073--008 **208.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

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: Pablo Lopez 10/08/03 305-216-2380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)