

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

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90040 032 ***150.00

DOCUMENT # P04000171778

1. Entity Name **THE HARVESTFIELD CAFE INC.**

DBA I'am Christian Bookstore



DO NOT WRITE IN THIS SPACE

40038469

2. Principal Place of Business

7272 WEST ATLANTIC BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MARGATE FL

City & State

4. FEI Number

562499022

Applied For

Not Applicable

Zip

33063

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FERNANDO A. LOPEZ

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

3131 NW 106 AV

City

Coral Springs

FL

Zip Code

33065

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT

FERNANDO LOPEZ

3131 NW 106 AV

CORAL SPRINGS FL 33065

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VICE PRES.

Alice ZAVALA

3063 NW 92ND AV

CORAL SPRINGS FL 33065

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SEC. TREASURER

ANNETTE LOPEZ

3131 NW 106 AV

CORAL SPRINGS FL 33065

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

21 MAR 05

Daytime Phone #

954 796 0951