## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 24, 2000 8:00 an Secretary of State OCUMENT # P93000056024 HIGH Q SEEDS CORP. 03-24-2000 90066 011 \*\*\*150.00 incipal Place of Business Mailing Address 10121 SW 3 ST 121 SW 3 ST PLANTATION FL 33324-2233 **ANTATION FL 33324** $P \cap P \cap A \cap A \cap A \cap A$ Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City'& State 4. FEI Number City & State 65-0460728 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOSE FERNANDO, ARISTIZABAL Street Address (P.O. Box Number is Not Acceptable) 10121 SW 3 ST PLANTATION FL 33324 Zip Code City FL 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. (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITLE ☐ Delete ARISTIZABAL, JOSE NAME STREET ADDRESS REET ADDRESS 10121 SW 3RD AVE CITY-ST-ZIP Y-ST-ZIP PLANTATION FL 33324 ■ Addition Change ☐ Delete TITLE ARISTIZABAL, LILIANA NAME STREET ADDRESS REET ADDRESS 10121 SW 35 E CITY-ST-ZIF PLANTATION FL Change Addition ☐ Delete TITLE STREET ADDRESS IFFT ADDRESS CITY-ST-ZIP -ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS IEET ADDRESS CITY-ST-ZIP -ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME STREET ADORESS EET ADDRESS CITY-ST-ZIP -ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE STREET ADDRESS EET ADDRESS CITY-ST-ZIP -ST-ZIP 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR