

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000060175**

1. Entity Name

**B.Y. BARRERA HARVESTING CORPORATION****FILED****Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90073 001 \*\*\*158.75

Principal Place of Business

**1394 N.E. WAYNE  
ARCADIA FL 33821**

Mailing Address

**P.O. BOX 1606  
ARCADIA FL 34265-1606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3277786**

Applied For

Not Applicable

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

L0045050



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****VAN NESS, WILMA  
2091 NE OPAL DR  
ARCADIA FL 34266****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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☒  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARRERA, B.Y.</b>	
STREET ADDRESS	<b>2019 N.E. OPAL DR., #1</b>	
CITY-ST-ZIP	<b>ARCADIA FL 33821</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CIANGUZZO, SYBIL</b>	
STREET ADDRESS	<b>2413 S.E. HWY. 31</b>	
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>VANNESS, WILMA G.</b>	
STREET ADDRESS	<b>128 BRIDLE PATH</b>	
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CIANGUZZO, Sybil</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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.

SIGNATURE:

*Wilma G. Van Ness*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**WILMA G. VAN NESS**

S.T.

**3-22-00**

Date

Daytime Phone #

**(863) 494-3161**