2002 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2002 8:00 am Secretary of State P95000071358 DOCUMENT # 1. Entity Name JOSE A. RIVERA HARVESTING, INC. 02-19-2002 90097 014 ***150.00 Principal Place of Business Mailing Address 610 OTTO POLK RD. 610 OTTO POLK RD. B0028786 FROSTPROOF FL 33843 FROSTPROOF FL 33843 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3334882 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIVERA, JOSE A Street Address (P.O. Box Number is Not Acceptable) 610 OTTO POLK RD. FROSTPROOF FL 33843 City Zip Code FL 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE. Delete TITLE ☐ Change Addition RIVERA, JOSE NAME NAME STREET ADDRESS 610 OTTO POLK RD. STREET ADDRESS FROSTPROOF FL 33843 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition RIVERA, GLORIA NAME NAME 610 OTTO POLK RD. STREET ADDRESS STREET ADDRESS FROSTPROOF FL 33843 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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SIGNATURE: Date Daytime Phone #

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.