

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016345

1. Entity Name
ROMERO HARVESTING, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90091 019 ***163.75

Principal Place of Business

1319 N.W. 36TH ST
OKEECHOBEE FL 34972
US

Mailing Address

1319 N.W. 36TH ST
OKEECHOBEE FL 34972
US

2. Principal Place of Business

3. Mailing Address

8532 S.E. 59th Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee FL

4. FEI Number 65-0649742

☒ Applied For
☐ Not Applicable

Zip

Country

34974-1406

Country

US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEDELLIN, CELIA
1319 N.W. 36TH ST
OKEECHOBEE FL 34972

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 12, 01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DP
STREET ADDRESS MEDELLIN, CELIA
CITY-ST-ZIP 1319 N.W. 36TH ST
OKEECHOBEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS ROMERO, ANA LILIA
CITY-ST-ZIP 8532 S.E. 59TH DR.
OKEECHOBEE FL 34974-1406

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Ana Lilia Romero Celia Medellin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-01 863-357-3957

CR2E034 (10/00)