

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90213 004 ***150.00

DOCUMENT # P96000078931

1. Entity Name
REDLAND PROFESSIONAL ORCHID GROWERS, INC.

Principal Place of Business 26505 SW 203 AVE HOMESTEAD FL 33031	Mailing Address 26505 SW 203 AVE HOMESTEAD FL 33031
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0697308	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

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

RANDALL, ROBERT
26505 SW 203 AVE
HOMESTEAD FL 33031

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D Delete <input type="checkbox"/>	NAME BRETSNYDER, LYNN STREET ADDRESS 14400 SW 248 ST CITY-ST-ZIP PRINCETON FL 33032	TITLE VD Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME EXPOSITO, JOSE STREET ADDRESS 15851 S.W. 198 AVE CITY-ST-ZIP MIAMI, FL. 33187
TITLE D Delete <input type="checkbox"/>	NAME PETERS, BILL STREET ADDRESS 18755 SW 248 ST CITY-ST-ZIP HOMESTEAD FL	TITLE SD Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME Peters, Bill STREET ADDRESS 18755 SW 248 ST CITY-ST-ZIP HOMESTEAD FL 33031
TITLE PD Delete <input type="checkbox"/>	NAME RANDALL, ROBERT STREET ADDRESS 26505 SW 203 AVE CITY-ST-ZIP HOMESTEAD FL 33031	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE VD Delete <input type="checkbox"/>	NAME CAMERON, KEN STREET ADDRESS 26620 SW 203 AVE CITY-ST-ZIP HOMESTEAD FL 33031	TITLE TD Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME Cameron, Ken STREET ADDRESS 26620 S.W. 203 AVE CITY-ST-ZIP HOMESTEAD, FL. 33031
TITLE D Delete <input type="checkbox"/>	NAME BALDAN, BARBARA STREET ADDRESS 20075 SW 10 AVE CITY-ST-ZIP HOMESTEAD FL 33187	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE TD Delete <input type="checkbox"/>	NAME MOTES, MARTIN STREET ADDRESS 25000 SW 162 AVE CITY-ST-ZIP HOMESTEAD FL	TITLE D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME MOTES, MARTIN STREET ADDRESS 25000 S.W. 162 AVE. CITY-ST-ZIP HOMESTEAD, FL. 33031

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: *Kenneth Cameron* **Ken Cameron** Date: 3/26/01 Daytime Phone #: (305) 246-2473

CR2E034 (10/00)