

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0161778 AV

04-09-2002 91168 030 ***150.00

DOCUMENT # P96000078931

1. Entity Name
REDLAND PROFESSIONAL ORCHID GROWERS, INC.

Principal Place of Business Mailing Address
26505 SW 203 AVE 26505 SW 203 AVE
HOMESTEAD FL 33031 HOMESTEAD FL 33031



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0697308 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | Not Applicable | | | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| RANDALL, ROBERT | | | | Name | | | |
| 26505 SW 203 AVE | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| HOMESTEAD FL 33031 | | | | 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) <input type="checkbox"/> | FILE NOW!!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRETSNYDER, LYNN 14400 SW 248 ST PRINCETON FL 33032 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT / DIRECTOR JOSE EXPOSITO 15851 SW 198 Ave, MIAMI, FL 33187 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PETERS, BILL 18755 SW 248 ST HOMESTEAD FL 33031 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RANDALL, ROBERT 26505 SW 203 AVE HOMESTEAD FL 33031 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CAMERON, KEN 26620 SW 203 AVE HOMESTEAD FL 33031 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BALDAN, BARBARA 20075 SW 10 AVE HOMESTEAD FL 33187 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOTES, MARTIN 25000 SW 162 AVE HOMESTEAD FL 33031 | TITLE 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: *[Signature]* **ROBERT RANDALL** **1/05/02** **305-245-5565**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)