1999



FLORIDA DEPARTMENT OF STATE

Kathe-ine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90269 004 ***150.00

		10028586	DOCUMENT # P970 COORDINATE HARDLOCK FARMS, INC.	
·		Mailing Address	rincipal P ace of Business	
		20201 SW 198TH ST MIAMI FL 33187 US	20201 SW 198TH ST MIAMI FL 3(187 US	
3. Date I		US	•	
03/2				
4. FEI N	····	2a. Mailing Address	. Principal Place of Business	
65-0		26		
5. Certifo		Suite, Apt. #, etc.	Suite, Apt. #, etc.	
6. Election		City & State	City & State	
Trust		28	` ·	
8. This c	Country	Zip	Zip Cour try	
Perso	30	29		
10. Name	81 Name	rrent Registered Agent	9. Name and Address of C	
KodN	of Name		RODRIGUEZ. JUAN	
dress (P.O. Bo	82 Street Ac		20201 SW 198TH ST	
	83		MIAMI FL 33187	

|--|

pai P ace of Business	Malling Address						
SW 198TH ST 20201 SW 198TH ST FL 3(187 MIAMI FL 33187 US				DO NOT WRITE IN THIS	SPACE		
				3. Date Incorporated or Qualifed			
				03/26/1997			
ncipal Place of Business	2a. Mailing Address	_		4. FEI Number	Apriled F	ог	
·	26			65-0740384	Not Applic	cable	
ite, Apt. #, etc.	Suite, Apt. #, etc.	_		5. Certificate of Status Desired	\$8.75 A tdition Fee Required		
y & State	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Cour try	Cour try Zip C			8. This corporation owes the current year in			
25	29	30		Persor al Property Tax.	☐ Yes ☐ No		
9. Name and Addres	s of Current Registered Agent			10. Name and Address of New Registered	Agent		
RODRIGUEZ, JUAN		8	1 Name	odnievez JUAN			
20201 SW 198TH ST		8	2 Street Ac dr	ess (P.O. Box Number is Not Acceptable)			
MIAMI FL 33187		8	3				
		8	4 City	FL	85 Zip Code		
ffice crregistered Igent, or both, gent. I am familia with, and according to the state of the st	in the State of Florida, Such change was a bit the obligations of Section 607.0505, Flor	uthorized b rida Statute	ve-named cc rpoy y the corporations.	oration submits this statement for the purpose of on's board of cirectors. I hereby accept the appo	changing its registerntment as registered	red d	
Signature, typed or printed ha ne	FICERS AND DIRECTORS	13.	ent signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN	12	
Of	LIOENO AND DIVEO 1910	13.		ADDITION OF THE PARTY OF THE PA	10 01112010110111	-	

11. Pursuant office cr reagent. I a	to the provisions of Sections	ons 607,0 502 on In the State of F of the obligations	d 607.1508, prida Such of Section	Florida Statutes, change was auth 607.0505, Florida	the above-named norized by the corporations of	ccrporation submit oration's board of c	s this statement t irectors. I hereby	accept the app	cointment as reg	egistered stered
SIGNATUFE	Signature, typed or printed na ne	of registered agent and		MOI LANGE	gistered Agent signature n	equired when reinstating)		DATE	3-99.	
12.	Of	FICERS AND D	RECTORS		13.	ADDITIO	NS/CHANGES	O OFFICERS	AND DIRECTOR	S IN 12
TITLE	P			☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	RODRIGUEZ, JUAN	R	•		1 2 NAME					
STREET ADDRESS	20201 SW 198TH ST	T			1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33187				1.4 CITY-ST-ZIP					
TITLE				☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME					2.2 NAME					
STREET ADDRESS					2.3 STREET ADDRESS					
CITY-ST-ZIP					2. 4 CITY-ST-ZIP	<u></u>				
TITLE				☐ DELETE	3 1 TITLE				☐ Change	☐ Addition
NAME					3.2 NAME					
STREET ADDRESS					3.3 STREET ADDRESS					
CITY-ST-ZIP					34 CITY-ST-ZIP					
TITLE				☐ DELETE	4.1 TITLE				Change	Addition Addition
NAME					4. 2 NAME					
STREET ADDRESS					4.3 STREET ADDRESS					
CITY-ST-ZIP					4.4 CITY-ST-ZIP					
TITLE				DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME					5.2 NAME					
STREET ADDRE IS					5.3 STREET ADDRESS					
CITY-ST-ZIP					5.4 CITY-ST-ZIP					
TITLE				DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME					6.2 NAME					
STREET ADDRESS					6.3 STREET ADDRESS					
CITY-ST-ZIP					64 CITY-ST-ZIP				_	

CITY-ST-ZIP 14. 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 cartify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have this 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 12 or Block 13 if chapter of or one attack ment with an address, with a lighter that provided in 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 12 or Block 13 if chapter of or one attack ment with an address, with a light provided in 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 12 or Block 13 if chapter or trustee empowered to execute this report as required by Chapter 607.

SIGNATURE

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4-23-99 305-212-7666