2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

FILED P97000029907 DOCUMENT # 1. Entity Name ZAVALA HARVESTING, INC. 03 JAN 15 AM 9: 32 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASEEE, FLORIDA 1326 NO DIXIE HIGHWAY STE 10 1326 NO DIXIE HIGHWAY STE 10 LAKE WORTH FL 33460 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0742269 Not Applicable Zip Country Zip 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 ZAVALA, JOSE G JR Street Address (P.O. Box Number is Not Acceptable) 1326 NO DIXIE HIGHWAY STE 10 LAKE WORTH FL 33460 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME zavala, jose g jr NAME STREET ADDRESS 1326 NO DIXIE HIGHWAY STE 10 STREET ADDRESS CITY-ST-71P LAKE WORTH FL 33460 CITY-ST-ZIP TITI E ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 changed, or on an attachment with a paddress, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

12/31/02 (561) 547-4005 Date Daytime Phone #