

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070658

1. Entity Name  
R & A HARVESTING, INC.

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90061 012 \*\*\*150.00

Principal Place of Business  
205 CENTRAL AVENUE  
LAKE PLACID FL 33852

Mailing Address  
111 SUN 'N LAKE BOULEVARD  
LAKE PLACID FL 33862

2. Principal Place of Business  
201 DAL HALL BLVD.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Lake Placid.

City & State

4. FEI Number 59-3462059

Applied For  
Not Applicable

Zip FL Country U.S.A. Zip 33852 Country Highlands

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

RAMOS, JUAN  
205 CENTRAL AVENUE  
LAKE PLACID FL 33852

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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 NAME STREET ADDRESS CITY-ST-ZIP	PD RAMOS, RAMIRO 205 CENTRAL AVENUE LAKE PLACID FL 33852	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD RAMOS, ALICIA 205 CENTRAL AVENUE LAKE PLACID FL 33852	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01

Date

(863) 465-5550

Daytime Phone #

CP2E034 (10/00)