

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007369

1. Entity Name
VALLE VERDE SOD FARMS, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90077 050 ***158.75

Principal Place of Business Mailing Address

8005 BENJAMIN ROAD
TAMPA FL 33634

PO BOX 261598
TAMPA FL 33685

2. Principal Place of Business
2409 Texas Avenue
Suite, Apt. #, etc.

3. Mailing Address
2409 Texas Avenue
Suite, Apt. #, etc.

City & State
Tampa, Florida
Zip
33629
Country
USA

City & State
Tampa, Florida
Zip
33629
Country
USA

4. FEI Number 59-3488734
Applied For
Not Applicable

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

VALDES, ZENEN
7314 SUMMERBRIDGE DRIVE
TAMPA FL 33634

Name Ezequiel Lopez
Street Address (P.O. Box Number is Not Acceptable)
2409 Texas Avenue
City Tampa FL Zip Code 33629

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 Ezequiel Lopez
(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

TITLE P ☒ Delete
NAME VALDES, ZENEN
STREET ADDRESS 7314 SUMMERBRIDGE DR
CITY-ST-ZIP TAMPA FL 33634

TITLE ☒ Change ☐ Addition
NAME Ezequiel Lopez
STREET ADDRESS 2409 Texas Avenue
CITY-ST-ZIP Tampa FL 33629

TITLE VS ☐ Delete
NAME LOPEZ, EZEQUIEL
STREET ADDRESS 2409 TEXAS AVENUE
CITY-ST-ZIP TAMPA FL 33629

TITLE ☒ Change ☐ Addition
NAME President
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: Ezequiel Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)