2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Feb 14, 2003 8:00 am
Secretary of State
01-27-2003 90378 017 ***158.75

DOCUMENT # P98000026489

1. Entity Name
MIAMI FOLIAGE FORWARDERS, INC.

Principal Place of Business	Mailing Address
7792 NW 71ST STREET MEDLEY FL 33166	7792 NW 71ST STREET MEDLEY FL 33166

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7792 NW 71st STREET	7792 NW 71st STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33166 Country:	Zip: 33166 Country:

4. FEI Number 65-0820822 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ XX **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMERILAWYER 7792 NW 71ST STREET MIAMI FL 33166	Name: STEVEN GONZALEZ Street Address (P.O. Box Number is Not Acceptable): 16327 Mariposa Circle City: Pembroke Pines FL Zip Code: 33311

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: S. Gonzalez DATE: 2/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD GONZALEZ, CRESCENCIO E 8234 NORTHWEST SOUTH RIVER DRIVE MEDLEY FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary GONZALEZ, CRESCENCIO E. 6291 S.W. 16 Terrace, Miami, FL 33155
				☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GONZALEZ, STEVEN 8234 NORTHWEST SOUTH RIVER DRIVE MEDLEY FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/TREASURER GONZALEZ, STEVEN 33311 16327 Mariposa Circle, Pembroke Pines FL
				☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President LAZARA GONZALEZ 16327 Mariposa Circle, Pembroke Pines FL 33311
				☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. Gonzalez President 1/23/03 (305) 994-7605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #