

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084991

1. Entity Name

ADAM'S LEAF, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90056 029 ***150.00

Principal Place of Business 7304 NORMANDY STREET MIRAMAR FL 33023	Mailing Address 7304 NORMANDY STREET MIRAMAR FL 33023-3649
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0867596	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134			Name: GUTIERREZ, JORGE J.		
			Street Address (P.O. Box Number is Not Acceptable) 7304 NORMANDY STREET		
			City: MIRAMAR	FL	Zip Code: 33023
			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: **GUTIERREZ, JORGE, PRESIDENT** (Signature, typed or printed name of registered agent and title if applicable) *[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. **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2000 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 GUTIERREZ, JORGE J 7304 NORMANDY STREET MIRAMAR FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MATOS, LOURDES M 7304 NORMANDY STREET MIRAMAR FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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]* **Jorge J. Gutierrez** (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: _____ Daytime Phone #: _____