

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90082 038 ***150.00

0649252
 SP

DOCUMENT # P98000093750

1. Entity Name
TIERRA MEJICANA, INC.

Principal Place of Business

Mailing Address

4311 SR 574
PLANT CITY FL 33566
US

4311 SR 574
PLANT CITY FL 33566
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3542125

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

MOLINA, FABRICIO
4311 SR 574
PLANT CITY FL 33566

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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 **D** ☐ Delete
NAME **MOLINA, FABRICIO**
STREET ADDRESS **4311 SR 574**
CITY - ST - ZIP **PLANT CITY FL 33566**

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

TITLE **D** ☐ Delete
NAME **MOLINA, ANA**
STREET ADDRESS **4311 SR 574**
CITY - ST - ZIP **PLANT CITY FL 33566**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption state indicated on this report or supplemental report is true and accurate and that my signature shall be 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Please CORRECT THE Federal ID# IT SHOULD BE AS SHOWN

CR2E034 (9/01)