2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90456 033 ***158.75

DOCUMENT # P98000099812

1. Entity Name
BARRERA HARVESTING CORPORATION

Principal Place of Business	Mailing Address
23270 HAINLIN AVENUE PORT CHARLOTTE FL 33980 US	23270 HAINLIN AVENUE PORT CHARLOTTE FL 33980 US

2. Principal Place of Business	3. Mailing Address
11625 SW Mockingbird	P.O. Box 220
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Arcadia FL.	City & State: Nocatee FL
Zip: 34266 Country: DeSoto	Zip: 34268 Country: DeSoto

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0886383 ☐ 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
BARRERA, LESLIE 23270 HAINLIN AVENUE PORT CHARLOTTE FL 33980	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	P BARRERA, REYNALDO 23270 HAINLIN AVENUE PORT CHARLOTTE FL 33980	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST V.P. BARRERA, LESLIE 23270 HAINLIN AVENUE PORT CHARLOTTE FL 39980	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Leslie Barrera LESLIE BARRERA VP 1/8/03 863-491-1436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)