2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P99000010900

1. Entity Name

FRESH HARVEST INTERNATIONAL, INC.



May 05, 2003 8:00 am Secretary of State 05-05-2003 90127 012 ***158.75

FILED

Principal Place of Business 1400 S.W. 6TH COURT #B POMPANO BEACH FL 33069

DOCUMENT #

Mailing Address 1400 S.W. 6TH COURT #B

POMPANO BEACH FL 33069

2. Principal Place of Business				3. Mailing Address					T THE REPORT OF THE PRINCE THE PRINCE OF THE					
, Suite, Apt. #, etc. 1430 Sw. 6th Cart			Suite, Apt. #, etc. 1430 SW 6th			Carr		☐ CHECK HERE IF MAKING CHANGES					S	
City & Stat	e			City & Sta					4. FEI Nu	ımber 65-	-0906699			Applied For Not Applicable
Zip		Country	Zip Count			itry	5. Certificate of Statu			\$9.75 Additional				
6. Name and Address of Current Registered Agent									7. Name	and Addre	ss of New R	egistered	Agent	
							Name							
COLESCOTT, ROBERT JR.														
1400 S.W. 6TH COURT #B							Street Address (P.O. Box Number is Not Acceptable)							
								· ·	300			•		
POMPANO BEACH FL 33069														1
							City					FL	Zip Co	de
8. The above	named entit	y submits this	statement for	the purpose of	of changing its	registere	ed office or	registered	d agent, or	r both, in the	e State of Flo	rida. I am	familiar with	, and accept
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 .	Signatura typad	or printed name of	registered agent ar	rd title if applicable	(NOT	E: Pagistera	d Agent signat	re required ut	han rainstating	-\		DATE		
	Signature, typed	or printed name of	redistered agent at	io titie ii applicatie.	(1001	c: negistere	d Agent signat	ne reduited wi	nen reinstaurig	<i>}</i> /		DATE		
FILE NOW!!! FEE IS \$150.00										Election C	ampaign Fin	ancina	¢ E	00
After May 1, 2003 Fee will be \$550.00									, s		d Contribution			00 May Be ed to Fees
Make Check				indoct divid										
10.		OFF	ICERS AND D	PIRECTORS		11.			ADDITIO	NS/CHANC	SES TO OFFI	CERS AND	DIRECTO	RS IN 11
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NAME	COLESCO	TT, ROBERT	ſJR.			NAM	E							:
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STREET ADDRESS	:					STRE	et address							

12. I hereby certify that the information supplied with this filling 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 of 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

SIGNATURE

Daytime Phone #