

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000015342**1. Entity Name
UNITED GROWERS CORP.Principal Place of Business
**16529 NORTHEAST 26TH AVENUE
N MIAMI BEACH FL 33162**Mailing Address
**16529 NORTHEAST 26TH AVENUE
N MIAMI BEACH FL 33162**2. Principal Place of Business
3555 NW 82 AVE
Suite, Apt. #, etc.3. Mailing Address
3555 NW 82 AVE
Suite, Apt. #, etc.City & State
MIAMI, FLORIDA
Zip
33126 Country
USACity & State
MIAMI, FLORIDA
Zip
33126 Country
USA4. FEI Number
65-0903477Applied For
☐ Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
MICHAEL CHRISTIANSEN
Street Address (P.O. Box Number is Not Acceptable)
3555 NW 82 AVE
City
MIAMI FL Zip Code
33126

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 *Michael Christensen*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-019. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution: ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
CHRISTIANSEN, MICHAEL P
16529 NORTHEAST 26TH AVENUE
N MIAMI BEACH FL 33162** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

Michael Christensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-28-01**
Date**3854379700**
Daytime Phone #**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90043 003 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)