

2000 UNIFORM BUSINESS REPORT (UBR)

5/8/00-90079-031-\$150.00-\$150.00

DOCUMENT # P99000039355

1. Entity Name

SOUTH FLORIDA GROWERS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 19 AM 10:10

001010



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5850 SW 35TH STREET
MIAMI FL 33155

Mailing Address

5850 SW 35TH STREET
MIAMI FL 33155-4962

2. Principal Place of Business

16885 S.W. 256 street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead, Florida

City & State

Zip

33031

USA

Country

4. FEI Number

65-0915816

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLAVJO & FLYNN, P.A.
12392A S.W. 82ND AVENUE
MIAMI FL 33156

7. Name and Address of New Registered Agent

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, 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

TITLE: President
NAME: Emilio Fajardo
STREET ADDRESS: 5850 S.W. 35th St.
CITY-ST-ZIP: Miami, FL 33155 ☐ Delete

TITLE: Vice President
NAME: Claudia Garzon
STREET ADDRESS: 5850 S.W. 35th St.
CITY-ST-ZIP: Miami, FL 33155 ☐ Delete

TITLE: Secretary
NAME: Claudia Garzon
STREET ADDRESS: 5850 S.W. 35th St.
CITY-ST-ZIP: Miami, FL 33155 ☐ Delete

TITLE: Treasurer
NAME: Emilio Fajardo
STREET ADDRESS: 5850 S.W. 35th St.
CITY-ST-ZIP: Miami, FL 33155 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

TITLE:
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)(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:

Claudia Garzon (Claudia Garzon, Vice President) 4-25-00/305-663-9034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED04 (9/99)