

2009

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS

09 MAY 12 AM 10:21

<b>DOCUMENT #</b> P99000093200
<b>1. Entity Name</b> Productos Exquisitos, Inc.

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 11104 N.W. 38th Ln. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 11104 N.W. 38th Ln. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> Gainesville, FL Zip Country 32606-4986 USA	<b>City &amp; State</b> Gainesville, FL Zip Country 32606-4986 USA	<b>4. FEI Number</b> 59-3607678	<b>Applied For</b> Not Applicable
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

<b>Name</b> Serna, Mauricio G.
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 11104 N.W. 38th Ln.
<b>City</b> Gainesville
<b>FL</b> <b>Zip Code</b> 32606-4986

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Mejia, Gloria 11104 N.W. 38th Ln. Gainesville, FL 32606-4986	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	900155838769 05/12/09--01023--017 **150.00
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<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	B 5/14/09	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #