FILED \$ Apr 21, 2002 8:00 am \$ Secretary of State 04-21-2002 90849 021 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P99000100587 **DOCUMENT #** 1. Entity Name FRUTICOL ENTERPRISES, CORP Principal Place of Business Mailing Address 11762 N KENDALL DR 11762 N KENDALL DR

| MIAMI FL 33186 2. Principal Place of Business | | | MIAMI FL 33186 | | | | | | | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------|-------------|-------------------------------|-----------|--------------------------|------------|--|
| | | | 3. Mailing Address | | | - | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | | | City & State | | 4. i | 4. FEI Number 65-0960595 | | | pplied For | |
| Zip | | Country | Zip | Country | 5. (| Certificate of Status Desired | | \$8.75 Ad Fee Require | | |
| | and Address of Current R | <u> </u> | 7. 1 | Name and Address of New Ro | | • | | | | |
| | | | | Name | | | | ·90/// | | |
| SAENZ, A 11762 N I MIAMI FL | R MPB 163 | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | | | City | | , | FL | Zip Coo | le | |
| | or printed name of registered agent an ible to satisfy its Intangible and elects to do so. | TE: Registered Agent signature requirements of State of S | 0 | oinstating) 10. Election Campaign Fina Trust Fund Contribution | | | 00 May Be | | | |
| 11. | | OFFICERS AND D | | 12. | | L DITIONS/CHANGES TO OFFI | CEDS AND | DIDECTOR | C M 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SAENZ, AI 11762 N K MIAMI FL | LFONSO (ENDALL DR MPB163 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 7,0 | SHIGHOYOHANGES TO OTT | OENG AND | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | , , , , | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Augusta | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | •••• | ☐ Change | Addition | |
| TITLE NAME Street address City-St-Zip | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change | ☐ Addition | |
| TITLE NAME | | ************************************** | ☐ Delete | TITLE NAME STREET ADDRESS | | - | | ☐ Change | ☐ Addition | |

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 tiple empowered

SIGNATURE:

Date

Daytime Phone #