

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90113 002 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100587		
1. Entity Name FRUTICOL ENTERPRISES, CORP		
Principal Place of Business 11762 N KENDALL DR 120 MIAMI, FL 33186		Mailing Address 11762 N KENDALL DR 120 MIAMI, FL 33186
2. Principal Place of Business 12247 SW 17 LN APT # 101 MIAMI, FL		3. Mailing Address Suite, Apt. #, etc.
City & State MIAMI FL		City & State MIAMI FL
Zip 33175	Country DATA	Zip 33175
4. Name and Address of Current Registered Agent SAENZ, ALFONSO 44762 N KENDALL DR MPB 163 MIAMI, FL 33186		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of New Registered Agent 12247 SW 17 LN # 101 MIAMI FL 33175		7. Name and Address of New Registered Agent 12247 SW 17 LN # 101 MIAMI FL 33175
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: <i>[Signature]</i> DATE: 5/12/03		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS TITLE: P NAME: SAENZ, ALFONSO ☐ Delete STREET ADDRESS: 11762 N KENDALL DR MPB 163 CITY-STATE-ZIP: MIAMI, FL 33186		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE: Change NAME: 12247 SW 17 LN # 101 ☐ Change ☐ Addition STREET ADDRESS: MIAMI FL 33186 ☐ Change ☐ Addition CITY-STATE-ZIP: MIAMI FL 33186 ☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 Block 11 if changed, or on an attachment with attachments, with all other like empowered.		
SIGNATURE: <i>[Signature]</i> DATE: 5/12/03		

90135099



☐ CHECK HERE IF MAKING CHANGES

FEI Number **65-0960595** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAENZ, ALFONSO
44762 N KENDALL DR MPB 163
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
12247 SW 17 LN # 101
City **MIAMI** FL Zip Code **33175**

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]* DATE: **5/12/03**

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$680.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	Change
NAME	SAENZ, ALFONSO	NAME	12247 SW 17 LN # 101
STREET ADDRESS	11762 N KENDALL DR MPB 163	STREET ADDRESS	MIAMI FL 33186
CITY-STATE-ZIP	MIAMI, FL 33186	CITY-STATE-ZIP	MIAMI FL 33186
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 Block 11 if changed, or on an attachment with attachments, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **5/12/03**

May 12, 2002

Attachment
90135099

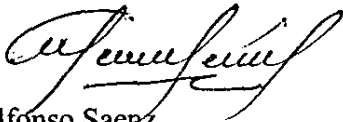
Florida Department of State
Tallahassee, FL

Ref: D#P99000100587

Dear Sir or Madam:

We are requesting an abatement of penalties for this year, we moved and did not realize that we had not received the 2003 Uniform Business Report. We are enclosing a check for \$150.00

Thank you,



Alfonso Saenz
President
Fruticol Enterprises, Corp.