2001 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # \$59040** 1. Entity Name PARUOLO'S TROPICAL TREE FARM, INC. 04-24-2001 90007 009 ***158.75 Principal Place of Business Mailing Address 13301 S.W. 192ND STREET 13301 S.W. 192ND STREET MIAMI FL 33177 MIAM! FL 33177 643292 3. Mailing Address PO Box 972193 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0359405 Not Applicable Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired 33197-2193 MORGON Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Paruolo, Jean PARUOLO, JEAN Street Address (P.O. Box Number is Not Acceptable) 11760 SW 180 ST **MIAMI FL 33177** 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. ean D. Paruolo, Vice President SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Change **VSD** TITLE TITLE □ Delete PARUOLO, JEAN NAME NAME STREET ADDRESS STREET ADDRESS 13301 S.W. 192ND STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33177 ☐ Addition Change ☐ Delete TITLE TITLE PAROULO, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 13301 S.W. 192 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL - --- Change ☐ Addition ---- --- Detete ----FITLE -TITLE . --NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01 305-233-5269