

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 695235

1. Entity Name

MULTI FRUIT USA, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90065 007 ***150.00

Principal Place of Business

316 WHITE HORSE PIKE
HADDON HEIGHTS NJ 08035
US

Mailing Address

316 WHITE HORSE PIKE
HADDON HEIGHTS NJ 08035-1705
US

2. Principal Place of Business

18 FIRST AVE

Suite, Apt. #, etc.

SUITE B

City & State

HADDON HEIGHTS, NJ

Zip

08035

Country

USA

3. Mailing Address

PO BOX 316

Suite, Apt. #, etc.

City & State

HADDON HEIGHTS, NJ

Zip

08035

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2126788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEUFELD, JOHN E
3737 VILLAGE GREEN DR
SARASOTA FL 34239

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 D
NAME KRUIDENIER, HENK J.
STREET ADDRESS 19 WHISPERING SANDS DR UNIT 1104
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE S
NAME KRUIDENIER, JEANNIE
STREET ADDRESS 19 WHISPERING SANDS DR, UNIT 1104
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE P
NAME PALMER, GREGORY R
STREET ADDRESS 316 WHITE HORSE PIKE
CITY-ST-ZIP HADDON HEIGHTS NJ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

TITLE P
NAME PALMER, GREGORY R.
STREET ADDRESS 18 FIRST AVE SUITE B
CITY-ST-ZIP HADDON HEIGHTS, NJ 08035 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Gregory R. Palmer

04/06/00

(856)547-2713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)