

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90162 007 \*\*\*\*50.00

**DOCUMENT # L01000020031**

1. Entity Name  
**SESA PRODUCE LLC**

Principal Place of Business  
**4781 N. CONGRESS AVE., #105  
 BOYNTON BEACH FL 33436**

Mailing Address  
**4781 N. CONGRESS AVE., #105  
 BOYNTON BEACH FL 33436**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0985398</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FRANKLIN, ELLIOTT A  
 2777 S. CONGRESS AVE.  
 LAKE WORTH FL 33461**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS	
TITLE <b>MANAGING MEMBER</b>	<input type="checkbox"/> Delete
NAME <b>SALVATORE COMO / MEMBER</b>	
STREET ADDRESS <b>4781 N CONGRESS AVE #105</b>	
CITY-ST-ZIP <b>BOYNTON BEACH FL 33436</b>	
TITLE <b>MEMBER</b>	<input type="checkbox"/> Delete
NAME <b>SERGIO GUIDA / MANAGER</b>	
STREET ADDRESS <b>4781 N CONGRESS AVE 105</b>	
CITY-ST-ZIP <b>BOYNTON BEACH FL 33436</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

**3/10/02 (561) 3866300**  
 Date Daytime Phone #

CR2E083 (9/01)