

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90070 027 ***158.50

DOCUMENT # P95000074360

1. Entity Name
RIO VISTA FRUIT CO.

Principal Place of Business
**1100 W WEATHERBEE RD
 FT PIERCE FL 34982**

Mailing Address
**1100 W WEATHERBEE RD
 FT PIERCE FL 34982**

BU030417



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1100 W Weatherbee Road

3. Mailing Address
Same

City & State
FT Pierce Flc

City & State

4. FEI Number
65-0616092

Applied For
 Not Applicable

Zip
34982

Country
South America

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VIAMONTES, JOSE
 1100 W WEATHERBEE RD
 FT PIERCE FL 34982**

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.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	VIAMONTES, JOSE A	1100 WEST WEATHERBEE ROAD	FORT PIERCE FL 34982	<input type="checkbox"/>
	ST VIAMONTES, RAFAEL J	2005 CORTEZ AVE	VERO BEACH FL 32960	<input type="checkbox"/>
	V VIAMONTES, JORGE A	1918 WYOMING AVE.	FORT PIERCE FL 34982	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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:

Jose Viamontes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/02 (501)2161938

CR2E034 (9/01)