

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90112 001 *****8.75
 03-14-2000 90112 002 ***150.00

DOCUMENT # P98000082918

1. Entity Name
GONZALEZ PRODUCE, INCORPORATED

Principal Place of Business Mailing Address
3001 EAST HILLSBOROUGH AVE. TAMPA FL 33675 **12707 COVERS LN. RIVERVIEW FL 33569**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
12707 Lovers Ln

City & State City & State 4. FEI Number **59-3541470** Applied For
Riverview, FL Not Applicable
 Zip Country 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

GONZALEZ, DANIEL
12707 COVERS LANE
RIVERVIEW FL 33569

Name **Jose Gonzalez**
 Street Address (P.O. Box Number is Not Acceptable)
12707 Lovers Ln
 City **Riverview** **FL** Zip Code **33569**

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 **Jose Gonzalez President** **Jose Gonzalez** **Daniel Gonzalez** ³⁻⁸⁻⁰⁰
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, JOSE L 12707 LOVERS LN. RIVERVIEW FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GONZALEZ, DANIEL E 12707 LOVERS LN. RIVERVIEW FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Gonzalez** **3-8-00** **813-295-2242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)