


**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90178 006 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P99000000818**  
 1. Entity Name  
**DUARTE PRODUCES CORP.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**2101 NW 15TH AVENUE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2101 NW 15TH AVENUE**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FL.**

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**MIAMI, FL.**

4. FEI Number **65-0888461** Applied For Not Applicable

Zip **33155** Country **U.S.A.** Zip **33155** Country **U.S.A.**

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **EDELMIRO DUARTE**

Street Address (P.O. Box Number is Not Acceptable)  
**2101 NW 15TH AVENUE**

City **MIAMI** FL Zip Code **33155**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *EdeLmiro Duarte* **EDELMIRO DUARTE** DATE **04/09/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$650.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT - EDELMIRO DUARTE 2101 NW 15TH AVENUE MIAMI, FL. 33155</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CRJED34B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *EdeLmiro Duarte* **EDELMIRO DUARTE** DATE **04/09/03** DAYTIME PHONE # **(305) 649-0955**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #