

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90063 016 ***155.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028281

1. Entity Name

NEW YORK PRODUCE OF FLORIDA, INC.

Principal Place of Business

1950 S OCEAN DR. APT 10P
 HALLANDALE FL 33009

Mailing Address

1950 S OCEAN DR. APT 10P
 HALLANDALE FL 33009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3649294

Applied For

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

PORTAL, ANA M
 11880 SW 40TH ST, SUITE #405
 MIAMI FL 33175

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 file if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

10. Election Campaign Financing
 Trust Fund Contribution. ☒

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

P
 VALDIVIA, ELIO A
 1950 S OCEAN DR, APT 10P
 HALLANDALE FL 33009 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

ST
 VALDIVIA, JORGE L
 78 MOMAR DRIVE
 BERGENFIELD NJ 07621 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-STATE-ZIP

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 CITY-STATE-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elio Valdivia 2/10/02 954) 454 7665