## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000008212

Entity Name: SOUTH FLORIDA PERISHABLES ASSOCIATION, INC.

**FILED** Apr 24, 2015 **Secretary of State** CC2350472074

# **Current Principal Place of Business:**

8725 NW 18 TERRACE SUITE 106 DORAL, FL 33172

# **Current Mailing Address:**

**8725 NW 18 TERRACE** SUITE 106 DORAL, FL 33172

FEI Number: 45-4917917 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BOLDT, CHRISTINE **8725 NW 18 TERRACE** DORAL, FL 33172 US

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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title Title

**BOLDT, CHRISTINE** Name Name ECHEVERRIA, RAUL Address 8725 NW 18 TERRACE, SUITE 106 Address 7351 NW 7 STREET. City-State-Zip: MIAMI FL 33126

City-State-Zip: **DORAL FL 33172** 

Title VΡ

Name FERNANDEZ, EVELIO AJR

Address 5407 NW 72 AVE City-State-Zip: MIAMI FL 33166

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

Ρ

Electronic Signature of Signing Officer/Director Detail