

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 297979

1. Entity Name

FLORIDA PRODUCE BROKERS INC

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90040 034 \*\*\*150.00

Principal Place of Business

Mailing Address

366 PRESTWICK CIRCLE  
 UNIT 2  
 PALM BCH GRDNS FL 33418  
 US

366 PRESTWICK CIRCLE  
 UNIT 2  
 PALM BCH GRDNS FL 33418-8445  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1107071

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

KAPLAN, DAVID J  
 3000 N OCEAN BLVD  
 APT #11C  
 SINGER ISLAND FL 33404

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.  
 (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 PST ☐ Delete  
 NAME KAPLAN, DAVID J  
 STREET ADDRESS 3000 N OCEAN BLVD #11C  
 CITY-ST-ZIP SINGER ISLAND FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE S ☐ Delete  
 NAME KAPLAN, STEVEN J  
 STREET ADDRESS 366 PRESTWICK CIRCLE UNIT 2  
 CITY-ST-ZIP PALM BCH FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

*Signature of David J Kaplan*  
 DAVID J KAPLAN  
 3/7/2000  
 761-842-3377