

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 376429**

1. Entity Name

FLORIDA FOOD PRODUCERS, INC.**FILED**
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90084 030 ***150.00

Principal Place of Business

**25400 SW 139TH AVE
HOMESTEAD FL 33032
US**

Mailing Address

**PO BOX 924282
HOMESTEAD FL 33092
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1382524**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, SHARON S.7. Name and Address of ~~NEW~~ Registered AgentName **Sharon S Jones**

Street Address (P.O. Box Number is Not Acceptable)

25400 SW 139 Av.City **Homestead****FL**Zip Code **33032**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME **VST CRAWFORD, GALE S** ☐ Delete
STREET ADDRESS **PO BOX 924282 N/A**
CITY-ST-ZIP **HOMESTEAD FL**TITLE
NAME **PD PRICE, CW** ☐ Delete
STREET ADDRESS **PO BOX 924282 N/A**
CITY-ST-ZIP **HOMESTEAD FL**TITLE
NAME **D ZUNJIC, BRANKO** ☐ Delete
STREET ADDRESS **PO BOX 924282 N/A**
CITY-ST-ZIP **HOMESTEAD FL**TITLE
NAME **D CRAWFORD, GALE S.** ☐ Delete
STREET ADDRESS **PO BOX 924282 N/A**
CITY-ST-ZIP **HOMESTEAD FL**TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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 (10/00)