

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 439752

1. Entity Name

TWIN ROSE PRODUCE CORP

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90005 016 ***150.00

Principal Place of Business	Mailing Address
150 S.W. 12TH AVE. SUITE 440 POMPANO BEACH FL 33069 US	150 S.W. 12TH AVE. SUITE 440 POMPANO BEACH FL 33069-3200 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1563361		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEONARD ROSENBERG 150 S.W. 12TH AVE., SUITE 440 POMPANO BCH. FL 33069		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 _____ (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. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	ROSENBERG, LEONARD	NAME	
STREET ADDRESS	2931 NE 39TH COURT	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	ROSENBERG DELORES	NAME	
STREET ADDRESS	2931 NE 39TH COURT	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	ROSENBERG, NEIL	NAME	
STREET ADDRESS	4830 N.E 28TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE PT. FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

1/19/2000 954-946-6363
Date Daytime Phone #

CR2E034 (9/99)