

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90082 018 ***150.00

DOCUMENT # 439752
1. Entity Name TWIN ROSE PRODUCE CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1390 SOUTH FEDERAL HIGHWAY
Suite, Apt. #, etc.

3. Mailing Address
1390 SOUTH FEDERAL HIGHWAY
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
POMPANO BEACH, FLORIDA

City & State
POMPANO BEACH, FLORIDA

4. FEI Number
59-1563361

Applied For
Not Applicable

Zip 33062 Country U.S.A.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LEONARD ROSENBERG

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

2831 N.E. 39th COURT

City LIGHTHOUSE POINT **FL** Zip Code 33064

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]
Signature, typed or printed name of registered agent and title if applicable.

APRIL 11, 2002
DATE

(NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT/D'
LEONARD ROSENBERG
2831 N.E. 39th COURT
LIGHTHOUSE POINT, FL. 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NEIL ROSENBERG, VICE PRESIDENT/D
3032 N.E. 31st AVENUE
LIGHTHOUSE POINT, FL. 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER/D
DOLORES ROSENBERG
2831 N.E. 39th COURT
LIGHTHOUSE POINT, FL. 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
JANIS ROSENBERG
2455 E. LINDELL BLVD.
DEL RAY BEACH, FL. 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02 954/946-6363

Date

Daytime Phone #

CR2E034B (12/01)