

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 28, 2002 8:00 am  
Secretary of State

02-28-2002 90028 002 \*\*\*150.00

**DOCUMENT # 513235**

1. Entity Name  
**MASSAVE PRODUCE, INC.**

Principal Place of Business  
**1260 MANOR DRIVE SOUTH  
FT LAUDERDALE FL 33326  
US**

Mailing Address  
**1260 MANOR DRIVE SOUTH  
FT LAUDERDALE FL 33326  
US**

2. Principal Place of Business  
**4383 S.W 10TH Place**  
Suite, Apt. #, etc.

3. Mailing Address  
**4383 S.W 10TH Place**  
Suite, Apt. #, etc.

City & State  
**Deerfield Beach, Florida**  
Zip Country  
**33442-8321 U.S.A.**

City & State  
**Deerfield Beach, FL**  
Zip Country  
**33442-8321 U.S.A.**

4. FEI Number **59-1694383**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MASSAVE, ROBERT  
1260 MANOR DRIVE SOUTH  
FT. LAUDERDALE FL 33026**

**7. Name and Address of New Registered Agent**

Name **ROBERT MASSAVE**  
Street Address (P.O. Box Number is Not Acceptable)  
**4383 SW 10th Place  
APT 103  
Deerfield Beach FL 33442**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/15/02**

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, 2002 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT MASSAVE, ROBERT 1260 MANOR DRIVE SOUTH FT. LAUDERDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert Massave 2/17/02**  
Date Daytime Phone #

CR2E034 (9/01)