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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 588874

1. Corporation Name

	ERGLADES COLD STOR	IAGE, INO.			•					
										N DIBN BIBN IBN
Principal Place	•	Mailing Ad								
3205 SE 19 AVE		P O BOX 2								
PORT EVERGLADES FL 33316 FT LAUDERDALE FL 3333 US US		TUALE FE 33333			DO NOT WRITE IN THIS SPACE					
00		-				3. Date Inc	orporated or Qualife	d		
						10/09/				
2. Principal Pla	ace of Business	2a. Mailing	g Address			4. FEI Num	ber			Applied For
21		26				59-193	3000			Not Applicable
Suite, Apt. #	t, etc.	Suite,	Apt. #, etc.		•	E Cortifoat	e of Status Desired			Additional
22		27	·			J. Certifical				Required
City & State		City &	State			6. Election	Campaign Financing	iΩ	•	O May Be
23		28					nd Contribution			d to Fees
Zip	Country	Zip	,	Country			ooration owes the cu	rrent year I		
24	25	29		30			Property Tax.		② Yes	□No
	9. Name and Address of Cur	rent Registered A	gent		T	10. Name a	nd Address of New	Registere	d Agent	
UCM	JANE DÁLK			81	Name			•		
	NAN), RAJ K.			82	Street Add	ress (P.O. Box N	Number is Not Accep	otable)		
	SLAND DR.		•							
VELL	BISCAYNE FL 33149			83				•		
	•			84	City			F	85 Z	p Code
				I .						
44 D	- the previous of Captions 607 (0502 and 607 1509	2 Elorida Statute	es the above	e-named corr	noration submits	this statement for th	e purpose o	of changing	its registered
office or re	o the provisions of Sections 607.0 gistered agent, or both, in the Standard armiliar with, and accept the ob-	ate of Florida, Such	n change was al	utnonzea ov	tne corporati	poration submits ion's board of dir	this statement for the ectors. I hereby acc	e purpose of the app	of changing ointment as	its registered registered
office or re agent. I an SIGNATURE	gistered agent, or both, in the Sta n familiar with, and accept the ob	ate of Florida, Such ligations of, Section	n change was at n 607.0505, Flor	utnorized by rida Statutes	ine corporati	on's board or dir	this statement for the ectors. I hereby acc	ept the app	of changing ointment as	its registered registered
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office or reagent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS	gistered agent, or both, in the Stanfamiliar with, and accept the ob- Signature, typed or printed name of registered OFFICERS PTD HEMNANI, RAJ K. 251 ISLAND DR.	ate of Florida. Such ligations of, Section agent and title if applicable	n change was at n 607.0505, Flor le. (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	nt signature require	ed when reinstating)	ectors. Thereby acc	DATE	AND DIREC	TORS IN 12
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

4. 21. 99 (954) 467-0820