

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 660478

1. Entity Name

CONTINENTAL PRODUCE, INC.

Principal Place of Business

Mailing Address

1200 NW 22ND STREET  
UNITS 105-116  
MIAMI FL 33142

1200 NW 22ND STREET  
UNITS HOUSE #116  
MIAMI FL 33142-7744  
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

59-1983602

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, OSVALDO  
1200 N.W. 22ND STREET  
STORE 105-116  
MIAMI FL 33142

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PEREZ, OSVALDO JR	
STREET ADDRESS	1200 N.W. 22ND ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, ROMAN	
STREET ADDRESS	1200 NW 22ND ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DIAZ, LOURDES	
STREET ADDRESS	1200 NW 22ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PEREZ, CARIDAD AIMEE	
STREET ADDRESS	1200 NW 22ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, JULIA	
STREET ADDRESS	1200 NW 22ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	PEREZ, CARIDAD AIMEE	
STREET ADDRESS	1200 NW 22ND ST.	
CITY-ST-ZIP	MIAMI, FL. 33142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
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, changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

*OSVALDO PEREZ, JR.*  
OSVALDO PEREZ, JR.  
PRESIDENT

2/1/00

Date

305-324-5904

Daytime Phone #