

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26155**

1. Entity Name

SUNPURE, LTD.

Principal Place of Business

1600 SUNPURE ROAD  
AVON PARK FL 33825-9572

Mailing Address

1600 SUNPURE ROAD  
AVON PARK FL 33825-9572

2. Principal Place of Business

5200 US HWY 98 S

3. Mailing Address

5200 US HWY 98 S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND FLORIDA

City & State

LAKELAND FLORIDA

Zip

33813-4203

Country

USA

Zip

33813-4203

Country

USA

4. FEI Number

59-2886374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LASHKAJANI, HADI B  
1600 SUNPURE ROAD  
AVON PARK FL 33825

7. Name and Address of New Registered Agent

Name

LASHKAJANI, HADI B

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

5200 US HWY 98 S

City

LAKELAND FLORIDA

FL

Zip Code

33813-4203

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

*Hadi B. Lashkajani*

HADI B. LASHKAJANI

8-21-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$2,779,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

0

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # K00323  
NAME SUNPURE PRODUCTS, INC.  
STREET ADDRESS 1600 SUNPURE RD.  
CITY-ST-ZIP AVON PARK FL 33825

DOCUMENT # F92000000008  
NAME TODD JUICE PRODUCTS, INC.  
STREET ADDRESS 1711 DOUGLAS AVENUE (P.O. BOX 711)  
CITY-ST-ZIP KALAMAZOO MI 49005

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

700003409137-4

STREET ADDRESS

09/29/00-01018-029

CITY-ST-ZIP

\*\*\*\*541.25 \*\*\*\*541.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Hadi B. Lashkajani*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

HADI B. LASHKAJANI

8-21-2000

Date

863-619-2222

Daytime Phone #

CR2E003 (5/00)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 SEP 18 AM 10:02



DO NOT WRITE IN THIS SPACE