

2001 UNIFORM BUSINESS REPORT (UBR)

0010419 AF

DOCUMENT # **A26155**

1. Entity Name

SUNPURE, LTD.

Principal Place of Business

**5200 US HWY 98 SOUTH
LAKELAND FL 33813-4203**

Mailing Address

**5200 US HWY 98 SOUTH
LAKELAND FL 33813-4203**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**LASHKAJANI, HADI B
5200 US HWY 98 SOUTH
LAKELAND FL 33813-4203**

7. Name and Address of New Registered Agent

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. Capital Contributions
as Shown on record

\$2,779,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **5200 US HWY 98 SOUTH**

CITY-ST-ZIP **LAKELAND FL 33813-4203**

STREET ADDRESS **600004033756--4**
CITY-ST-ZIP **-04/19/01--01108--002**
*****1252.50 ****526.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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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 LASHKAJANI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/14/01

Date

863-619-2222

Daytime Phone #

FILED

01 APR 11 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)