

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0011 AB

DOCUMENT # **A29442**

1. Entity Name
BASIC VEGETABLE PRODUCTS, LIMITED PARTNERSHIP

01 MAY -1 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1255 TREAT BLVD., STE. 1000
WALNUT CREEK CA 94596**

Mailing Address
**2999 OAK RD.
SUITE 400
WALNUT CREEK CA 94596 2016**



2. Principal Place of Business
NONE

3. Mailing Address
**2999 OAK ROAD
SUITE 400**

DO NOT WRITE IN THIS SPACE

City & State
WALNUT CREEK, CA

City & State
WALNUT CREEK, CA

Zip
94596-2016

Country
US

4. FEI Number **77-0236088**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **~~\$108,214.00~~ - 0 -**

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 #	P27572
NAME	BVP, INC.
STREET ADDRESS	2999 OAK ROAD, STE. 400
CITY-ST-ZIP	WALNUT CREEK CA 94596-2016
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	700004275627--3
	05/22/01--01027--012
CITY-ST-ZIP	****141.25 ****141.25
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: **A. DULKIE** **QUIBZIAN A. DULKIE** **4/18/01 (925) 472-4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)