

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F37297

1. Entity Name

H & R PRODUCE DISTRIBUTORS, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90026 007 ***150.00

Principal Place of Business

1265 N.W. 22ND STREET
MIAMI FL 33142

Mailing Address

1265 N.W. 22ND STREET
MIAMI FL 33142-7737

2. Principal Place of Business

1221 N W 22 Street

3. Mailing Address

1221 N W 22 Street

Suite, Apt. #, etc.

Unit 1-4

Suite, Apt. #, etc.

Unit 1-4

City & State

MIAMI, FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

59-2096499

Applied For

Not Applicable

Zip

33142

Country

DADE

Zip

33142

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, JOSE
2245 NW FIRST STREET
MIAMI FL 33125

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. 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
HERNANDEZ, JOSE
2245 NW 1ST STREET
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
RODRIGUEZ, JOSE
10299 SW 64TH STREET
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jose Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3/16/00 (205) 324-7437
Date Daytime Phone #
SECRETARY

CR2E034 (9/99)