2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J38051

FILED Feb 06, 2003 Secretary of State

Entity Name: RIVERSIDE FRUIT & VEGETABLE SALES, INC.

al Place of	Business:	New Principal Place	e of Business:	
			New Principal Place of Business:	
L 32968	US			
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
L 32968	US			
0230 F	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
L 32968 d entity sub	US mits this statement for the p	purpose of changing its register	ed office or registered agent, or both,	
Electronic	Pignature of Degistered Ag	ont	 Date	
Financing Tr	ust Fund Contribution ().		GES TO OFFICERS AND DIRECTORS:	
ARELLI, MAR OSLO RD	К	Title: Name: Address: City-St-Zip:	() Change () Addition	
` '	lete	Title: Name: Address:	() Change () Addition	
	Address: FL 32968 80230 F ess of Curr ARK V. FL 32968 d entity suborida. Electronic S Financing Tr O DIRECTO () De ARELLI, MAR OSLO RD O BEACH, FL	Address: FL 32968 US BO230 FEI Number Applied For () ess of Current Registered Agent: ARK V. FL 32968 US d entity submits this statement for the porida. Electronic Signature of Registered Agentication (). DIRECTORS: () Delete ARELLI, MARK OSLO RD D BEACH, FL 32968 () Delete	Address: New Mailing Addre FL 32968 US 10230 FEI Number Applied For () FEI Number Not Applicable () 10230 FEI Number Applied For () FEI Number Not Applicable () 10230 FEI Number Applied For () FEI Number Not Applicable () 10320 PEI Number Applied For () PEI Number Not Applicable () PEI Number Not Appl	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK V. CICCARELLI PRES 02/06/2003