

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K26998

1. Entity Name

PALM PRODUCE III, INC.

FILED

Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90065 043 ***150.00

Principal Place of Business

Mailing Address

3434 MAIN HWY
COCONUT GROVE FL 33133
US

3434 MAIN HWY
COCONUT GROVE FL 33133-5916
US

2. Principal Place of Business

157 LINCOLN ROAD

3. Mailing Address

157 LINCOLN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. FEI Number

65-0095008

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONG, BARRY
2421 LAKE PANCOAST DR
SUITE 6-C
MIAMI BEACH FL 33140

NAME
BARRY LONG
Street Address (P.O. Box Number is Not Acceptable)
1335 LENOX AVENUE

City MIAMI BEACH

FL

Zip Code 33139

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME LONG, BARRY
STREET ADDRESS 2421 LAKE PANCOAST DR, #6-C
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE DP
NAME LONG, BARRY
STREET ADDRESS 1335 LENOX AVENUE
CITY-ST-ZIP MIAMI BEACH, FL 33139 ☒ Change ☐ Addition

TITLE DS
NAME LICATA, STEPHEN
STREET ADDRESS 3845 COCO GROVE AVE
CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV
NAME RICHMAN, ERIC
STREET ADDRESS 1153 ARABIAN DR
CITY-ST-ZIP LOXAHATCHEE FL 33470 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barney Long

2/4/00

Date

(305) 534-3335

Daytime Phone #

CR2E034 (9/99)