

# 2000 UNIFORM BUSINESS REPORT (UBR)

87

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90235 020 \*\*\*550.00

**DOCUMENT # K91961**

1. Entity Name

**NORTH FLORIDA PRODUCE EXCHANGE, INC.**

Principal Place of Business

Mailing Address

2605 E. ATLANTIC BLVD  
 #201  
 POMPANO BEACH FL 33062  
 US

P.O. BOX 5988  
 LIGHTHOUSE POINT FL 33074-5988  
 US

2. Principal Place of Business

3. Mailing Address

**2500 NE 36th ST.**

**2500 NE 36th ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**A 3**

**A 3**

City & State

City & State

**LIGHTHOUSE POINT**

**LIGHTHOUSE**

Zip

Zip

**FL 33064**

**FL 33064**

Country

Country

**USA**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHELLY, KAREN A**  
**2231 NE 35 CT**  
**LIGHTHOUSE POINT FL 33064**

Name **ALLEN J HAMES**

Street Address (P.O. Box Number Not Applicable)

**2500 NE 36th ST APT #3**

City **LIGHTHOUSE PT.** FL Zip Code **33064**

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 **ALLEN J HAMES**

*Allen Hames*

**9/7/00**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HAMES, ALLEN</b>	
STREET ADDRESS	<b>2231 NE 35 CT</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL 33064</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>SHELLY, KAREN A</b>	
STREET ADDRESS	<b>2231 NE 35 CT</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL 33064</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>SALE OFFICER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN J HAMES</b>	
STREET ADDRESS	<b>2500 NE 36th ST APT #3</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE PT, FL 33064</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 HAMES**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/28/00 (954) 785-2022**  
 Date Daytime Phone #

CR2E034 (9/99)