FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR)			Fili Fr	
DOCUMENT # L19314  1. Entity Name			05 SED 15 BH 15: 73	
R & R PRODUCE, INC.			والمراد	12 PM12:43
			TALLAH	TARY OF STATE ASSEE, FLORIDA
DO NOT WRITE	IN THIS SPA	CE		- 11 <del>0</del> 97
2. Principal Place of Business	3. Mailing Address	-		
114 New Market Road Suite, Apt #, etc.			DO NOT WRITE IN THIS SPACE	
Cay & State Immokalee, FL	City & State Immokalee, FL		4. FEI Number 65–0145438	Applied For Not Applicable
2ip Country 34142 USA	1	untry SA	5. Certificate of Status Desired	8.75 Additional se Required
			7. Name and Address of Current Registered	Agent
DO NOT MOITE RODRI			IGUEZ, SERAFIN P.O. Box Number is Not Acceptable)	
			lew Market Road	
		City		Zip Code
8. The above named entity submits this statement f	or the purpose of changing its regist	Immok	· · · · · · · · · · · · · · · · · · ·	Zip Code 34142
= $n$	0	•		
SIGNATURE Signature, typed or propres name of registored agen		<u>rafin Rodri</u> ored Agent signature required		2002
This corporation is eligible to satisfy its Intangibl     Tax filing requirement and elects to do so. (See criteria on back)	Jenuary 1 - May 1 After May 1, Fer Amended UBF Make Check Payable to	o Is \$550.00 R is \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND THE D/P/S/T	23363	īlā		e
NAME ROPRIGUEZ, SERAFIN		471		(12/01)
STREET ADDRESSS 114 New Market Road CHTY-ST-ZIP Immokalee, FL 34147		restadores 77 ST 764	200007810 03/17/02	1032 <b>-</b> 01074-019
TIFLE NAME		-(E 4A	****#61.25	31032
STREET ADDRESS CITY-SI-ZIP	Si	FREE FACIONESS		l l
TITLE	38.65	EY, ST-YP TLE		
NAME STREET ADDRESS	<b>■</b> (33333)	AUE Pret Acoress		
CITY-ST-ZIP		(A:91:36)	DO NOT WRIT	
TITLE NAME		TLE NAT	IN THIS SPAC	E
STREET ADDRESS CITY-ST-ZP		TY-51-H <sup>o</sup>		
TITLE	00000	TIF		
MAME STREET ADDRESS	000000	ALIE Ireet address		
CITY-ST-ZIP  HELE		TY-51-20?		
NAME.	, N	Ab./E		C. 4400
STREET ADDRESS  CITY: ST: ZIP	<b>3</b> *****	TREET ASSISTED ASSIST		
13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3(f), 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 on an attachment with an address, with all other like empowered.				
SIGNATURE: Seref (	Passi	President	9/10/2002	{
SERAFIN RODRIGUEZ				