

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90737 032 ***150.00

DOCUMENT # L97506

1. Entity Name

THE BERRAN PRODUCE GROUP, INC.

DO NOT WRITE IN THIS SPACE

80061869

2. Principal Place of Business

14016 SW 132nd

Suite, Apt. #, etc.

3. Mailing Address

14016 SW 132nd

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

USA

City & State

MIAMI, FL

Zip

33186

Country

USA

4. FEI Number

650219752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ABRAHAM BERRAN

Street Address (P.O. Box Number is Not Acceptable)

14016 SW 132nd

City

MIAMI

FL

Zip Code

33186

**DO NOT WRITE
IN THIS SPACE**

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

ABRAHAM BERRAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/24/01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<u>DIRECTOR</u>	<u>ABRAHAM BERRAN</u>	<u>14016 SW 132nd</u> <u>MIAMI, FL 33186</u>				
	<u>PRESIDENT</u>	<u>ABRAHAM BERRAN</u>	<u>14016 SW 132nd</u> <u>MIAMI, FL 33186</u>				

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ABRAHAM BERRAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/01

Date

Daytime Phone #