FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

## May 12, 2001 8:00 am Secretary of State DOCUMENT # P0000002763 1. Entity Name PRODUCE INFORMATION EXCHANGE, INC. 5-12-2001 90014 021 \*\*\*150.00 Principal Place of Business Mailing Address 444 NW 104TH STREET 444 NW 104TH STREET **8005 1879** CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address 2065 COVE LAKE RA 2065 LOVE LAKE Rd Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired ISA Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent WARREN, DOUGLAS R 444 NW 104TH STREET **CORAL SPRINGS FL 33071** 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 (NOTE A Separation of the Control of Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Delete TITLE WARREN, DOUGLAS R WARREN, DOUGLAS R NAME 2065 COVE LAKE Rd. STREET ADDRESS STREET ADDRESS 444 NW 104TH STREET N. Ft. LAUDERDALE, FI 33068 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 Addition Delete Change TITLE WARREN, DOUGLAS R WARREN, DOUGLAS R NAME 2065 COVE LAKE RO STREET ADDRESS 444 NW 104TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. Ft. LAUDERDALE, FI 33068 **CORAL SPRINGS FL 33071** TITLE Addition Delete -TITLE\_. Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 any ottachment with an address, with all other like empowered.