

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am  
Secretary of State

03-02-2001 90039 020 \*\*\*150.00

DOCUMENT # P00000018638

1. Entity Name

DARIEN PRODUCE CORP.

Principal Place of Business

3025 SW 79TH COURT  
MIAMI FL 33155

Mailing Address

3025 SW 79TH COURT  
MIAMI FL 33155

2. Principal Place of Business

16120 SW 42 TERRACE

3. Mailing Address

16120 SW 42 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0985720

Applied For

Not Applicable

Zip

33185

Country

USA

Zip

33185

Country

USA

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

REINA, LUIS

3025 SW 79TH COURT

MIAMI FL 33155

Name

REINA, LUIS

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

16120 SW 42 TERRACE

City

MIAMI

FL

Zip Code

33185

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, 2001 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 PD  
NAME REINA, LUIS  
STREET ADDRESS 3025 SW 79TH COURT  
CITY-ST-ZIP MIAMI FL 33155

☐ Delete

TITLE PD  
NAME REINA, LUIS  
STREET ADDRESS 16120 SW 42 TERRACE  
CITY-ST-ZIP MIAMI, FL 33185

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE VICEPRESIDENT  
NAME REINA, MARIA  
STREET ADDRESS 16120 SW 42 TERRACE  
CITY-ST-ZIP MIAMI, FL 33185

☐ 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

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

Date

(305) 262-2752

Daytime Phone #