

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000 32943

1. Entity Name
AMERICAS PRODUCE COMPANY, INC

Principal Place of Business Mailing Address
675 SW 12TH AVE # 101 675 SW 12TH AVE # 101
POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 65-1000557 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOHNSON, THOMAS W
2335 E. ATLANTIC BLVD.
STE. 301
POMPANO BEACH, FL 33062

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	D WARREN, PETER A	675 SW 12 TH AVE # 101 POMPANO BEACH, FL 33069	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	D WARREN, DOUGLAS R	675 SW 12 TH AVE # 101 POMPANO BEACH, FL 33069	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: PETER A. WARREN, PRES 4/30/01 954-946-7500

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90037 036 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)