

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01R0960 AV

DOCUMENT # P00000032943

1. Entity Name

AMERICAS PRODUCE COMPANY, INC.

01-30-2002 90002 025 ***150.00

Principal Place of Business

675 S.W. 12TH AVENUE #101
 POMPANO BEACH FL 33069

Mailing Address

675 S.W. 12TH AVENUE #101
 POMPANO BEACH FL 33069



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 NW 12th Ave
 Suite, Apt. #, etc.
 # 200

3. Mailing Address

500 NW 12th Ave
 Suite, Apt. #, etc.
 # 200

City & State

Pompano Beach FL

City & State

Pompano Beach FL

4. FEI Number

65-1000557

Applied For

Not Applicable

Zip

33069

Country

BROWARD

Zip

33069

Country

BROWARD

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

JOHNSTON, THOMAS W

2335 EAST ATLANTIC BOULEVARD

SUITE 301

POMPANO BEACH FL 33062

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, 2002 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
 D
 WARREN, PETER A
 675 S.W. 12TH AVENUE #101
 POMPANO BEACH FL 33069 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
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 CITY-ST-ZIP
 D
 WARREN, DOUGLAS R
 675 S.W. 12TH AVENUE #101
 POMPANO BEACH FL 33069 ☒ Delete

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☐ 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)