

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044307

1. Entity Name
JAMATO PRODUCE, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90087 010 ***150.00

Principal Place of Business
407 LINCOLN ROAD SUITE 5-B
MIAMI BEACH FL 33139

Mailing Address
407 LINCOLN ROAD SUITE 5-B
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1005087

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BRITO, GEORGE L
407 LINCOLN ROAD SUITE 5-B
MIAMI BEACH FL 33139

Name **Garcia Mendez, Karen**

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

14548 S.W. 95th Lane

City **Miami**

FL

Zip Code **33186**

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 **Karen Garcia Mendez**

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/01

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 **\$5.00** May Be Added to Fees ☐ Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SERPA, MARCO S**
CITY-ST-ZIP **1600 NW 20TH ST. MIAMI FL 33142**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SERPA, SILVANA ALVIM**
CITY-ST-ZIP **1600 NW 20TH ST. MIAMI FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an attachment with an address, with all other like empowered.

SIGNATURE: **MARCO S. SERPA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 24, 2001 (305) 325-8305

CR2E034 (10/00)