

5/22

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-22-2001 90048 006 ***150.00

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1. Entity Name INTERNATIONAL RAINBOW PRODUCE
 MARKET, INC

Principal Place of Business**Mailing Address**

4338 NW 7th AVE
 MIAMI, FL 33127

74930

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1036560

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**

GILLIAN BOYCE
 1538 JEFFERSON AVE #16
 MIAMI BEACH, FL 33139

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**

GILLIAN BOYCE

4-28-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retreating)

Date

**9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.**
 (See criteria on back) ☐

**10. Election Campaign Financing
 Trust Fund Contribution.** ☐

**\$5.00 May Be
 Added to Fees**

11. DIRECTOR OFFICERS AND DIRECTORS**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete
NAME EION HUNTE
STREET ADDRESS 1110 LITTLE RIVER DRIVE
CITY-ST-ZIP MIAMI, FL 33150

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

TITLE ☐ Delete
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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)(f), 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:

EION A. HUNTE

4-28-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (1/00)