

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90122 045 ***150.00

0593978 AT

DOCUMENT # P00000104039

1. Entity Name
HOMESTEAD SPECIALTY PRODUCE, INC.

Principal Place of Business

Mailing Address

~~20625 LEEWARD LANE~~
~~MIAMI FL 33189~~

P.O. BOX 924677
 HOMESTEAD FL 33092-4677

2. Principal Place of Business

3. Mailing Address

22681 S.W. 258 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Homestead, Florida

Zip

Country

Zip

Country

33031

USA

4. FEI Number

65-1056540

Applied For

Not Applicable

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

BLANTON, DIANY C

~~20625 LEEWARD LANE~~ 22681 S.W. 258 Street
~~MIAMI FL 33189~~ Homestead, Florida 33031

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

Diany Blanton, President (Diany Blanton) 2/1/02

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	PD BLANTON, DIANY C 20625 LEEWARD LANE MIAMI FL 33189	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 lines empowered.

SIGNATURE:

Diany Blanton, President (Diany Blanton)

2/1/02

(805) 245-2245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)