

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91359 047 ***150.00

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DOCUMENT # P01000028723

1. Entity Name

WHOLLY TOMATOES PRODUCE, INC.



Principal Place of Business

**3021 N OAKLAND FORREST DR STE 203
OAKLAND PARK FL 33309**

Mailing Address

**3021 N OAKLAND FORREST DR STE 203
OAKLAND PARK FL 33309**

2. Principal Place of Business

4471 NW 20th Ave

Suite, Apt. #, etc.

3. Mailing Address

4471 NW 20th Ave

Suite, Apt. #, etc.

City & State

Oakland Park FL

City & State

Oakland Park FL

Zip

33309

Country

Broward

Zip

33309

Country

Broward

4. FEI Number

**651087735
NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RE, FRANK J

**3021 N OAKLAND FORREST DR STE 203
OAKLAND PARK FL 33309**

7. Name and Address of New Registered Agent

Name

Frank Re

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

4471 NW 20th Ave

City

Oakland Park

FL

Zip Code

33309

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Frank Re Pres/Director

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--|--|
| TITLE | PSD | <input checked="" type="checkbox"/> Delete |
| NAME | RE, FRANK J | |
| STREET ADDRESS | 3021 N OAKLAND FORREST DR STE 203 | |
| CITY-ST-ZIP | OAKLAND PARK FL 33309 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------------|--|
| TITLE | Director/ Pres | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Re, Frank | |
| STREET ADDRESS | 4471 NW 20th Ave. | |
| CITY-ST-ZIP | Oakland Park, FL 33309 | |
| TITLE | D / VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | John D Ranaudo | |
| STREET ADDRESS | 118 Royal Park Dr. Apt. 4B | |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33309 | |
| TITLE | ST | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Noreen Re | |
| STREET ADDRESS | 4471 NW 20th Ave. | |
| CITY-ST-ZIP | Oakland Park, FL 33309 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03
Date

984-537-7772
Daytime Phone #

CR2E034 (10/02)