

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90004 028 ***150.00

DOCUMENT # P01000054585
1. Entity Name
 FRUTISIMA FOODS, CORP.

Principal Place of Business
 3965 ADRA AVENUE
 MIAMI FL 33178

Mailing Address
 3965 ADRA AVENUE
 MIAMI FL 33178



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 10730 NW 66 ST
 Suite, Apt. #, etc.
 Apt 401
 City & State
 Miami, FL
 Zip
 33178 Country
 USA

3. Mailing Address
 10730 NW 66 ST
 Suite, Apt. #, etc.
 Apt 401
 City & State
 Miami, FL
 Zip
 33178 Country
 USA

4. FEJ Number
 65-1109822

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

6. Name and Address of Current Registered Agent
 NEIRA, JULIO
 3965 ADRA AVENUE
 MIAMI FL 33178

7. Name and Address of New Registered Agent
 Name
 Neira, Julio
 Street Address (P.O. Box Number is Not Acceptable)
 10730 NW 66 ST Apt 401
 City
 Miami FL Zip Code
 33178

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 DATE 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ROMERO, ARTHURO 3965 ADRA AVENUE MIAMI FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Romero, Arturo 10730 NW 66 ST Ste 401 Miami, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS NEIRA, OLGA LUCIA 3965 ADRA AVENUE MIAMI FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Neira, Olga Lucia 10730 NW 66 ST Ste 401 Miami, FL 33178 <input checked="" 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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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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
 Date 4/30/02 Daytime Phone #

CR2E034 (9/01)