

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

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

05-27-2002 90395 007 ***150.00

DOCUMENT # P01000055421

1. Entity Name

FRUTEES USA, INC.

Principal Place of Business
2116 Whisper Lakes Blvd.
Orlando, FL 32837

Mailing Address
7802 Kingspointe Pkwy - #205
Orlando, FL 32819

2. Principal Place of Business -

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3723595

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

J.A.O. SERVICES INC.
7802 KINGSPOINTE PARKWAY
205
ORLANDO FL 32819

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

Signature typed or printed name of registered agent with title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

Jaime Ordinala

06/13/02

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	P	<input type="checkbox"/> Delete
NAME	Khan, Asad	
STREET ADDRESS	14067 Osprey Links Road #409	
CITY - ST - ZIP	Orlando, FL 32837	
TITLE		<input type="checkbox"/> Delete
NAME	Asad, Sanya	
STREET ADDRESS	14067 Osprey Links Road #409	
CITY - ST - ZIP	Orlando, FL 32837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

Daytime Phone #