

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91284 033 ***150.00

DOCUMENT # P01000058143

1. Entity Name
GIGANTE PRODUCE, INC

Principal Place of Business
2838 S MILITARY TRAIL
WEST PALM BCH FL 33461
US

Mailing Address
2838 S MILITARY TRAIL
WEST PALM BCH FL 33461
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-1119527

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, PEDRO J
12716 BUCKLAND STREET
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name **Bruce E. Barr, Esquire**

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

5121 SW 90 Ave #3

City

Cooper City

FL

Zip Code

33328

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

Bruce E. Barr, Esquire

4/25/02

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 **P** ☐ Delete
NAME **PEREZ, PEDRO J**
STREET ADDRESS **12716 BUCKLAND STREET**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **TIBURCIO, NELSON**
STREET ADDRESS **5394 STEVENS RD**
CITY-ST-ZIP **BOYNTON BCH FL 33437**

TITLE ☒ Change ☐ Addition
NAME **Kimberly Valle**
STREET ADDRESS **4188 NW 67 Terr**
CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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:

Kimberly Valle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

954 375-2763

Daytime Phone #

CR2E034 (9/01)