FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State
03-19-2003 90109 007 ***150.00

DOCUMENT # P02000027652

1. Entity Name

WILLY PRODUCTS & PRODUCE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
2100 SW 123 CT Suite, Apt. #, etc.	2100 SW 123 CT Suite, Apt. #, etc.	
City & State: Miami, FL	City & State: Miami, FL	4. FEI Number: 043621515 ☐ Applied For ☐ Not Applicable
Zip: 33175 County: USA	Zip: 33175 County: USA	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WILLIAM GONZALEZ

Street Address (P.O. Box Number is Not Acceptable): 2100 SW 123 CT

City: Miami FL Zip Code: 33175

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: WILLIAM GONZALEZ 3/13/03
(Signature, agent or president or other officer required if applicable) (Printed name of registered agent or officer) Date

9. This corporation is eligible to satisfy its intangible Tax (duty requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE P/D NAME GONZALEZ, WILLIAM STREET ADDRESS 2100 SW 123 CT CITY-ST-ZIP Miami, FL, 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE S/D NAME GONZALEZ, PATRICIA L. STREET ADDRESS 2100 SW 123 CT. CITY-ST-ZIP Miami, FL, 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 11 or on an attachment with an address, with all other like empowered.

WILLIAM GONALEZ 3/13/03 (305)485-5910