


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90224 041 \*\*\*150.00

0275396 AV

<b>DOCUMENT #</b> P02000034234	
<b>1. Entity Name</b> SUNCOAST PRODUCE, INC.	

<b>Principal Place of Business</b> 13300 NE 6TH AVENUE #204 NORTH MIAMI FL 33161	<b>Mailing Address</b> 13300 NE 6TH AVENUE #204 NORTH MIAMI FL 33161
---	---



<b>2. Principal Place of Business</b> 7100 Biscayne Blvd Suite, Apt. #, etc. Suite # 207 City & State Miami, Florida Zip 33138 Country USA	<b>3. Mailing Address</b> 7100 Biscayne Blvd Suite, Apt. #, etc. Suite # 207 City & State Miami, Florida Zip 33138 Country USA
---	---

☐ CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b> TELFORT, EVANS 13300 NE 6TH AVENUE #204 NORTH MIAMI FL 33161	<b>7. Name and Address of New Registered Agent</b> Name: TELFORT EVANS Street Address (P.O. Box Number is Not Acceptable) 665 N.E. 83 Terrace Apt A 308 City: Miami FL Zip Code: 33138
---	--

**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: EVANS Telfort (Signature, typed or printed name of registered agent and title if applicable.)  
 (NOTE: Registered Agent signature required when reinstating)  
 Signature: Evans Telfort  
 DATE: April 16, 2003

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TELFORT, EVANS 13300 NE 6TH AVENUE, #204 NORTH MIAMI FL 33161 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, CHIEF PRODUCTION OFFICER EVANS Telfort 665 N.E. 83 Terrace Apt A 308 Miami, Florida 33138 <input type="checkbox"/> Change <input checked="" 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
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
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
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
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

**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:** Evans Telfort **REQUIRED** April 16, 2003 1305/360-0643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)