

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91456 033 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000057204

1. Entity Name  
**INCA FRUIT PRODUCE, INC.**



Principal Place of Business  
2011 NW 70TH AVE.  
MIAMI, FL 33122

Mailing Address  
2011 NW 70TH AVE.  
MIAMI, FL 33122

90128018



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

1031 W 47 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hialeah, FL

4. FEI Number

04-3671427

Applied For

Not Applicable

Zip

Country

Zip

Country

33012

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FARRAT, ELIZABET  
2011 NW 70TH AVE.  
MIAMI, FL 33122

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when installing)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete  
NAME ALVA, LUIS A  
STREET ADDRESS 2011 NW 70TH AVE.  
CITY-ST-ZIP MIAMI, FL 33122

TITLE D ☐ Delete  
NAME LANAUZE, ANA  
STREET ADDRESS 709 N. ROYAL POINCIANA, APT#217  
CITY-ST-ZIP MIAMI SPRINGS, FL 33166

TITLE VD ☐ Delete  
NAME RUIZ, ISABEL V.  
STREET ADDRESS 2011 N.W. 70 AVE.  
CITY-ST-ZIP MIAMI, FL 33122

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Isabel Ruiz - Vice Pres. 04-30-03 (305) 362-0033

CR2E034 (10/02)