

FILED Mar 17, 2003 8:00 am Secretary of State

| 2003 FOR | R PROFIT | CORPORA | îion |
|------------|----------|----------|-------|
| UNIFORM | BUSINES: | S REPORT | (UBR) |
| OOLIMENT " | DAAAAA | | |

| DOCUMENT # P02000110368 1. Entity Name DEFALCO PRODUCE INC. | | | | | | 03-03-200 | 03 90904 034 ** | **150.00 | |
|--|--|---|--|---|--|--|--|--|-------|
| Principal Place of Business 2130 OYSTER BAY DRIVE 2130 OYSTER BAY DRIVE VERO BEACH FL 32963 US Mailing Address - 2130 OYSTER BAY DRIVE VERO BEACH FL 32963 US | | | | Y DRIVE | | | HI 200 0 1944 1940 2 442 1 | | |
| 2. Principal Place of Business 3. Mailing Address | | S | | I I BATTERN YN ARTHE SYEIT ARTH AT | in anici madi tidik edica il | ilis u u nc u l 1000 luud | | | |
| Suite, Apt. #, etc. Suite, | | Suite, Apt. #, etc | C. | | . CHECK HERE | IF MAKING CHANG | ES | | |
| City & State | | City & State | | 4. FEI Number 74-300 | 04373 | Applied For | | | |
| Zip | | Country | Zip | Coun | itry | 5. Certificate of Status Desired | | Additional | - |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New F | | iled | \dashv | |
| DECALCO | PEDNADO | لوغييسينيا يا الدونيا دانيو يواني د | | به کامر مستند | - Name | | | هيية بر مد حدي | 7- |
| DEFALCO, BERNARD G 2130 OYSTER BAY DRIVE | | | | -Street Address | (P.GBox Number is Not Acceptable |) | | ᆗ_ | |
| VERO BEACH FL 32963 | | | | | | | | \dashv | |
| | | | • | | City | | FL Zip C | ode | - |
| 8. The above the obligat | named entitions of regis | y submits this statement for bred agent. | the purpose of chang | ging its registere | ed office or registe | ered agent, or both, in the State of Flo | rida. I am familiar wi | th, and accept | 1 |
| SIGNATURE . | | 8. 3. 70 | | | | | · | | |
| in in a | <u>-</u> | or printed name of registered agent an | d little if applicable. | | Agent signature require | rd when reinstating) | DATE | | |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | Taraya Baran Milina da Africa d Africa da Africa da Afri | Election Campaign Fin Trust Fund Contribution | · _ • | .00 May Be | | |
| 10. | K Payable to | OFFICERS AND D | | | | | T . A.T. | , , | _ |
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| NAME STREET ADDRESS | BERNARD DEFALLY DR. | | NAME | T'ADDRESS | · | | | CR2E034 (10/02) | |
| CITY-ST-ZIP | UERO | BEACH, FL 3) | -963 | | ST-ZIP | <u></u> | | | 88 |
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| | . . | station to the district of the state of the | | TITLE | - | AD_1 = = = = = = = = = = = = = = = = = = = | ☐ Change | Addition | 1 |
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| CITY-ST-ZIP | | Entra Control of the | | CITY-S | T-ZIP | | * | | |
| I hereby ce indicated of of the corp changed, o | ertify that the i on this report location or the or on an attac | information supplied with the or supplemental report is true receiver or trustee empower himent water on address, with | is filing does not quature and accurate and accurate and accurate this remain all other like empowers. | ify for the exemplified my signature aport as required eried. | ption stated in Ser e shall have the s d by Chapter 607, | ction 119.07(3)(i), Florida Statutes. I in ame legal effect as if made under oat Florida Statutes; and that my name a | irther certify that the inthicular in that I am an officer ippears in Block 10 o | nformation or director r Block 11 if | |
| SIGNATI | | CHAID, | REPLECT. | MAED | | 2/1-7/03 | 772-519 | -1133 | |
| | | SIGNATURE AND TYPED OR FRIN | TED NAME OF SIGNING OF | PCER OR DIRECTOR | | Date | Davime Phone 8 | | ı |