

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90128 044 \*\*\*150.00

**DOCUMENT # P02000123474**

1. Entity Name **PRODUCE PLANTS OF RIVIERA, INC.**



Principal Place of Business  
**4661 POSEIDON PLACE  
LAKE WORTH FL 33463**

Mailing Address  
**4661 POSEIDON PLACE  
LAKE WORTH FL 33463**

2. Principal Place of Business

**1820 N. MILITARY TR**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**RIVIERA BEACH, FL**

City & State

4. FEI Number

**82-0571406**

Applied For

Not Applicable

Zip  
**33404**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ARMAS, GEORGE  
8350 96TH PLACE SOUTH  
BOYNTON BEACH FL 33437**

7. Name and Address of New Registered Agent

Name

**MARY RORABECK**

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

**4661 POSEIDON PLACE**

City

**LAKE WORTH**

FL

Zip Code

**33463**

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

**Mary E. Rorabek**

Signatures of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/27/03**

**FILE NOW!!! FEE IS \$50.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RORABECK, MARY</b>	
STREET ADDRESS	<b>4661 POSEIDON PLACE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WHITE, JOHN</b>	
STREET ADDRESS	<b>4661 POSEIDON PLACE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D, VP, S, T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D, P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 my address, with all other like empowered.

**SIGNATURE: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27/03**

Date

**561-881-5601**

Daytime Phone #

CR2E034 (10/02)