

# 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**  
**RORABECK'S 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**

Zip  
**33404**

Country  
**USA**

City & State  
Suite, Apt. #, etc.

Zip  
Country

4. FEI Number  
**82-0571406**

Applied For  
 Not Applicable

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**

State  
**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** DATE **3/27/03**

Signatures typed or printed name of current agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEES \$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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RORABECK, MARY</b> <b>4661 POSEIDON PLACE</b> <b>LAKE WORTH FL 33463</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WHITE, JOHN</b> <b>4661 POSEIDON PLACE</b> <b>LAKE WORTH FL 33463</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, VP, S, T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 supplement I 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: **MARY RORABECK** DATE **3/27/03** DAYTIME PHONE # **561-881-5601**

**REQUIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)