

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

FILED
May 05, 2005 08:00 AM
Secretary of State ATX

DOCUMENT # <u>P04000159914</u>	
1. Entity Name R.D.S. PRODUCE, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13340 SW 23 rd STREET Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33175	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0947433		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
RUPERTO PEREZ
Street Address (P.O. Box Number is Not Acceptable)
13340 SW 23RD ST

City
MIAMI **FL** | **Zip Code**
33175

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 signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RUPERTO PEREZ 13340 SW 23RD ST MIAMI, FL 33175
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11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000363104 05/05/05-80145-006 150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUPERTO PEREZ, PRES

3/31/1975

Date

Daytime Phone #