

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90042 047 ***150.00

DOCUMENT # P93000042181

1. Entity Name

FYFFES BANANAS (NORTH AMERICA), INC.

Principal Place of Business

Mailing Address

~~1401 UNIVERSITY DR~~

~~1401 UNIVERSITY DR~~

~~#305~~

~~#305~~

~~CORAL SPRINGS FL 33071~~
US

~~CORAL SPRINGS FL 33071~~
US

2. Principal Place of Business

3. Mailing Address

10100 W Sample Road

10100 W Sample Road

Suite, Apt. #, etc.
Suite 405

Suite, Apt. #, etc.
Suite 405

City & State
Coral Springs, FL

City & State
Coral Springs, FL

Zip Country
33065 Broward

Zip Country
33065 Broward

4. FEI Number **65-0435036**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OTTEN, DIETER

~~1401 UNIVERSITY DR~~

~~#305~~

~~CORAL SPRINGS FL 33071~~

Name

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

10100 West Sample Road

Suite 405

City **Coral Springs** **FL** Zip Code **33065**

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.

SIGNATURE

K. Dieter Otten, President

March 22, 2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **GAULT, PETER**
 STREET ADDRESS **4598 NW 20 AV**
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Delete, as requested last year**

TITLE **D** ☐ Delete
 NAME **MURPHY, TOM G**
 STREET ADDRESS **19 RAMLEH CLOSE MILLTOWN**
 CITY-ST-ZIP **DUBLIN 6 IR**

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

TITLE **D** ☐ Delete
 NAME **DIETER, OTTEN K**
 STREET ADDRESS **1401 UNIVERSITY DR STE 305**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **10100 West Sample Road, Suite 405**
 CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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 CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

K. Dieter Otten, President 3-22-2001

954-7964230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)