## 2000 UNIFORM BUSINESS REPORT (UBR) $\mathtt{FILED}$ DOCUMENT # **P93000054359** May 09, 2000 8:00 am Secretary of State BACIGALUPO PRODUCE, INC. 05-09-2000 90059 036 \*\*\*150.00 Mailing Address Principal Place of Business 10613 MAPLE CHASE DRIVE 10613 MAPLE CHASE DRIVE BOCA RATON FL 33498-6210 **BOCA RATON FL 33498** UUUWAI 2. Principal Place of Business 3. Mailing Address 9203 Skyriåge Circle 19203 Skyridge Circle DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0430970 Not Applicable Boca Raton. Florida Boca Raton Florida \$8.75 Additional 5. Certificate of Status Desired U.S.A. 33498 U.S.A Fee Required 33498 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bacigalupo, Richard BACIGALUPO, RICHARD Street Address (P.O. Box Number is Not Acceptable) 10613 MAPLE CHASE DRIVE **BOCA RATON FL 33498** 19203 Skyridge Circle Zip Code City 33498 Boca Raton ed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above Richard Bacigalupo SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PTSD P/T/S/D ☐ Addition ☐ Delete TITLE BACIGALUPO, RICHARD NAME Bacigalupo, Richard NAME 10613 MAPLE CHASE DRIVE STREET ADDRESS 19203 Skyridge Circle STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** Boca Raton, FL 33498 ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 attachiment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

aline | RERichard Bacigalupo 1/5/2000 561-483-6190

Daytime Phone #

☐ Change

☐ Addition