

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90021 002 ***150.00

DOCUMENT # P93000058189

1. Entity Name
NORTHERN PRODUCE, INC.

Principal Place of Business
VALDES-FAULI COBB BISCHOFF & KRISS P.A.
2 S. BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131-1897

Mailing Address
VALDES-FAULI COBB BISCHOFF & KRISS P.A.
2 S. BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131-1897



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2101274		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
% VALDES-FAULI CORPORATE SERVICES INC. 2 S. BISCAYNE BLVD., SUITE 3400 MIAMI FL 33131-1897				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUTIERREZ, J. ARTURO			NAME			
STREET ADDRESS	2225 SHEPPARD AVE. E., SUITE 1200			STREET ADDRESS			
CITY-ST-ZIP	NORTH YORK, ONTARIO, CANADA			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTILLO, MARGARITA			NAME			
STREET ADDRESS	2225 SHEPPARD AVE. E SUITE 1200			STREET ADDRESS			
CITY-ST-ZIP	NORTH YORK ON			CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUTIERREZ, JUAN G			NAME			
STREET ADDRESS	2225 SHEPPARD AVE. E., SUITE 1200			STREET ADDRESS			
CITY-ST-ZIP	NORTH YORK, ONTARIO, CANADA			CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTILLO, R. RICARDO			NAME			
STREET ADDRESS	2225 SHEPPARD AVE. E., SUITE 1200			STREET ADDRESS			
CITY-ST-ZIP	NORTH YORK, ONTARIO, CANADA			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: JOSEPH G. GUTIERREZ, DIRECTOR MAR 22/02 416-494-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)