

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000018501

1. Entity Name

INTERNATIONAL FRUIT CONCENTRATE, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90385 017 ***150.00

Principal Place of Business

Mailing Address

4445 NORTH A1A
SUITE 227
VERO BEACH FL 32963

4445 NORTH A1A
SUITE 227
VERO BEACH FL 32963-1330

2. Principal Place of Business

2410 15th Ave

Suite, Apt. #, etc.

3. Mailing Address

2410 15th Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number

65-0485351

Applied For

Not Applicable

Zip

32960

Country

USA

Zip

32960

Country

USA

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

KEYES, ROBERT E
470 38TH SQUARE S.W.
VERO BEACH FL 32968

Name

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
NAGEL, GEORGE M JR.
705 FLAMINGO DRIVE
FT. LAUDERDALE FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
NAGEL, GEORGE M JR
1715 VICTORIA CIRCLE
VERO BEACH, FL 32967 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
KEYES, ROBERT E
470 38TH SQUARE S.W.
VERO BEACH FL 32968 ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Robert E Keyes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E Keyes

5/1/00

Date

561-794-2805

Daytime Phone #

CR2E034 (9/99)