

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90173 041 ***150.00

DOCUMENT # P94000066980

1. Entity Name
INTERNATIONAL PRODUCE NETWORK, INC.

Principal Place of Business 2210 SW 97TH RD FT LAUDERDALE FL 33324	Mailing Address 2210 SW 97TH RD FT LAUDERDALE FL 33324-4759
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B0020410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10400 NW 30TH COURT Suite, Apt. #, etc. 403	3. Mailing Address 10400 N.W. 30TH CT Suite, Apt. #, etc. 403
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City & State SUNRISE, FL	City & State SUNRISE, FL	4. FEI Number 65-0518774	Applied For Not Applicable
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Zip 33322	Country USA	Zip 33322	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.
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6. Name and Address of Current Registered Agent GOMEZ, JOSE M 2210 SW 97TH RD FT LAUDERDALE FL 33324	7. Name and Address of New Registered Agent Name JOSE M. GOMEZ Street Address (P.O. Box Number is Not Acceptable) 10400 NW 30TH CT # 403 City SUNRISE FL Zip Code 33322
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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 *J. M. Gomez* (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, 2000 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS GOMEZ, JOSE M 2210 SW 97TH RD FT LAUDERDALE FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *J. M. Gomez* **JOSE M. GOMEZ** Date 2/7/00 Daytime Phone # (954) 747-7695

CR2E034 (9/99)