

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 Mailing Address
~~2210 SW 97TH RD~~ ~~2210 SW 97TH RD~~
~~FT LAUDERDALE FL 33324~~ ~~FT LAUDERDALE FL 33324-4759~~

B0020410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
10400 NW 30TH COURT **10400 N.W. 30TH CT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
403 **403**

City & State City & State
SUNRISE, FL **SUNRISE, FL**

Zip Country Zip Country
33322 **USA** **33322** **USA**

4. FEI Number Applied For
65-0518774 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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**

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* DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)