

# 2000 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT # P95000030635

1. Entity Name

MYERS PRODUCE, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -2 AM 8:19

Principal Place of Business

12563 BISCAYNE BLVD  
MIAMI FL 33181

Mailing Address

12563 BISCAYNE BLVD  
MIAMI FL 33181

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0575320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYERS, ORVIL D  
12563 BISCAYNE BLVD  
MIAMI FL 33181

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MYERS, ORVIL D<br>12563 BISCAYNE BLVD.<br>N. MIAMI FL | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
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|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 700003361807--8<br>-08/18/00--01039--002<br>****150.00 ****150.00 |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 7-28-00

Date

Daytime Phone #

CR2E034 (5/00)

MYERS PRODUCE  
12563 BISCAYNE BLVD.  
MIAMI, FL 33181-2522

July 26, 2000

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Dear Sirs:

I have enclosed my annual corporate report and my check for \$150.00. Please note that I was not present at my business due to the illness of my grandmother who raised me. I lived with her growing up and I am the one responsible for not only supporting her but for her care. I was totally involved with her illness and her care at home, there was no one else to stay with her and administer her medicine and feed her. I am the person who is responsible for all her needs. Due to my absents from my business as a result of this illness in my immediate family I was unable to file my annual report and do many other things. I respectfully request that you abate the additional penalty since I could not perform my business duties and file the corporate report on time. The sickness which I was involved with consumed all of my time. Please consider this situation relating to the illness of the person who raised me and who I am now taking care of.

Thank you for your consideration relating to the poor health in my family.

Very truly-yours,

Orvil D. Myers