

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PR000039095**

1. Entity Name

**S & T PRODUCE, INC.  
9600 N.W. 25TH ST., 7A  
MIAMI, FL 33172**

FILED

00 MAR 23 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**S & T PRODUCE, INC.  
9600 N.W. 25TH ST., 7A  
MIAMI, FL 33172**

2. Principal Place of Business

**9600 N.W. 25TH ST.**

3. Mailing Address

**9600 N.W. 25TH ST**

Suite, Apt. #, etc.

**7A**

Suite, Apt. #, etc.

**7A**

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

Zip

**33172**

Country

**DADE**

Zip

**33172**

Country

**DADE**

4. FEI Number

**656064665**

Applied For

Not Applicable

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

**SERGIO S. KOZANO  
9600 N.W. 25TH ST.  
SUITE 7A  
MIAMI, FL 33172**

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

TITLE	<b>PRESIDENT/SECRETARY</b>	<input type="checkbox"/> Delete
NAME	<b>ANTONIO KOZANO</b>	
STREET ADDRESS	<b>1900 S.W. 125 ST</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33175</b>	
TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>GILBERT M. KOZANO</b>	
STREET ADDRESS	<b>1900 S.W. 125 ST</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33175</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>600003188506--8</b>
CITY-ST-ZIP	<b>-03/29/00--01055--006</b>
TITLE	<b>***150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**03/20/00 (305) 594 9290**

**ANTONIO KOZANO**

**KE**

CR2E034 (9/99)