

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90070 027 ***158.50

DOCUMENT # P95000074360

1. Entity Name
RIO VISTA FRUIT CO.

Principal Place of Business
1100 W WEATHERBEE RD
FT PIERCE FL 34982

Mailing Address
1100 W WEATHERBEE RD
FT PIERCE FL 34982

2. Principal Place of Business

1100 W Weatherbee
Road.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

City & State

Zip

Country

4. FEI Number

65-0616092

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VIAMONTES, JOSE
1100 W WEATHERBEE RD
FT PIERCE FL 34982

7. Name and Address of New Registered Agent

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, 2002 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 ☐ Delete
 NAME **DON COO**
 STREET ADDRESS **VIAMONTES, JOSE A**
 CITY-ST-ZIP **1100 WEST WEATHERBEE ROAD**
FORT PIERCE FL 34982

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **VIAMONTES, RAFAEL J**
 CITY-ST-ZIP **2005 CORTEZ AVE**
VERO BEACH FL 32960

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **VIAMONTES, JORGE A**
 CITY-ST-ZIP **1918 WYOMING AVE.**
FORT PIERCE FL 34982

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

Jose Viamontes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/02 (517) 216-1938

CR2E034 (9/01)