

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069465

1. Entity Name

WEST INDIAN PRODUCE, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90024 033 ***150.00

Principal Place of Business

Mailing Address

0000 NW 68TH ST
FL 33166

8635 NW 68TH ST
MIAMI FL 33323-3127
US

2. Principal Place of Business

3. Mailing Address

1306 N.W. 125 TERR

1306 N.W. 125 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale, FL

Zip

Country

33323

US

Zip

Country

33323

US

4. FEI Number

65-0691155

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

FLECHTER, HALRIC
8635 NW 68TH ST
MIAMI FL 33166

Name

FLETCHER, HALRIC

Street Address (P.O. Box Number is Not Acceptable)

1306 N.W. 125 TERR.

City

Fort Lauderdale

FL

Zip Code

33323

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME FLETCHER, HALRIC
STREET ADDRESS 8635 NW 68TH ST
CITY-ST-ZIP MIAMI FL 33166

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 all other like empowered.

SIGNATURE: *H Fletcher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/00

Daytime Phone #

(954) 846-8773

CR2E034 (9/99)