FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90013 038 ***150.00

DOCUMENT # P96000072489 ✓

1. Entity Name
Quick & fresh Produce, inc.

DO NOT WRITE IN THIS SPACE

B0093013

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2. Principal Place of Business	3. Mailing Address
4839 SW 148 AVE	4839 SW 148 AVE
Suite, Apt. #, etc. 518	Suite, Apt. #, etc. 518
City & State DAVIE FL	City & State DAVIE FL
Zip 33330 Country Broward	Zip 33330 Country Broward

4. FEI Number 650710374 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President - Truser
NAME	marcel Elkin
STREET ADDRESS	4839 SW 148 Ave - 518
CITY-ST-ZIP	DAVIE FL 33330
TITLE	Secritery, V. President
NAME	Ilana Elkin
STREET ADDRESS	4839 SW. 148 AVE - 518
CITY-ST-ZIP	DAVIE FL 33330
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Elkin 4-24-02 (954)6803116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #