

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90204 011 ***150.00

DOCUMENT # P96000101102

1. Entity Name
DEL MONTE FRESH PRODUCE (FLORIDA) INC.

Principal Place of Business Mailing Address
800 DOUGLAS RD P O BOX 149222
CORAL GABLES FL 33134 CORAL GABLES FL 33114-9222

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 **NOT APPLICABLE** 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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 <input checked="" type="checkbox"/> Delete NAME D ABU-GHAZALEH, MOHAMMAD STREET ADDRESS 800 DOUGLAS RD CITY-ST-ZIP CORAL GABLES FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete NAME DP EL-NAFFY, HANI STREET ADDRESS 800 DOUGLAS RD CITY-ST-ZIP CORAL GABLES FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete NAME INSERRA, JOHN F. STREET ADDRESS 800 DOUGLAS RD CITY-ST-ZIP CORAL GABLES FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input checked="" type="checkbox"/> Delete NAME VS HORNBACHER, BRADLEY D STREET ADDRESS 800 DOUGLAS RD, NO. TOWER, 12TH FL. CITY-ST-ZIP CORAL GABLES FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete NAME T THOMPSON, PETER STREET ADDRESS 800 DOUGLAS RD CITY-ST-ZIP CORAL GABLES FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input checked="" type="checkbox"/> Delete NAME ASAT PALMEE, DANIEL STREET ADDRESS 800 DOUGLASS RD CITY-ST-ZIP CORAL GABLES FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME DI/EVP INSERRA, JOHN F. STREET ADDRESS 800 DOUGLAS RD CITY-ST-ZIP CORAL GABLES, FL 33134
	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE VP/IS NAME Zoltan Pinter STREET ADDRESS 300 Douglas Rd, N. TWR, 12th Floor CITY-ST-ZIP Coral Gables, FL 33134
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE T/AS NAME Thompson, Peter STREET ADDRESS 800 DOUGLAS RD CITY-ST-ZIP CORAL GABLES, FL 33134
	<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: _____ **2/25/00** **305-520-8400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR TRUSTEE **ZOLTAN PINTER, SECRETARY** Date _____ Daytime Phone # _____

CFR2E034 (9/99)