## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## **FILED** DOCUMENT # P96000101102 Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** DEL MONTE FRESH PRODUCE (FLORIDA) INC. 03-03-2000 90204 011 \*\*\*150.00 Mailing Address Principal Place of Business P O BOX 149222 800 DOUGLAS RD CORAL GABLES FL 33114-9222 CORAL GABLES FL 33134 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #. etc. Applied For 4. FEI Number City & State City & State NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) ☐ Change Addition Delete TITLE TITLE NAME ABU-GHAZALEH, MOHAMMAD NAME STREET ADDRESS STREET ADDRESS 800 DOUGLAS RD CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL** ☐ Addition TITLE ☐ Change ☐ Delete DP TITLE NAME **EL-NAFFY, HANI** NAME STREET ADDRESS STREET ADDRESS 800 DOUGLAS RD CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL Addition Driver for in Delete TITLE TITLE NSERRA JOHN F. 800 DOUGIAS RD NAME NAME INSERRA, JOHN F. STREET ADDRESS STREET ADDRESS 800 DOUGLAS RD CORAL GABLES, FL CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL Addition TITLE zoltan Pinter 800 Douglas Rd, N. TwR, 12th Floor NAME HORNBACHER, BRADLEY D NAME STREET ADDRESS STREET ADDRESS 800 DOUGLAS RD, NO. TOWER, 12TH FL. Coval Gables, PL 33134 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 T/AS Change ☐ Addition TITLE ☐ Delete TITLE Thompson, Peter NAME THOMPSON, PETER 800 DOUGIAS RD STREET ADDRESS STREET ADDRESS 800 DOUGLAS RD CORAL GABLES, FL 33134 CITY-ST-7IP CITY-ST-ZIP CORAL GABLES FL Delete ☐ Change ☐ Addition TITLE TITLE ASAT NAME NAME PALMEE, DANIEL STREET ADDRESS STREET ADDRESS 800 DOUGLASS RD CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL 13. I hereby certify that the information supplied with this filling 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 divistee 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.