

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT #** P96000101102

1. Entity Name

Del Monte Fresh Produce (Florida) Inc. ✓

Principal Place of Business

Mailing Address

800 Douglas Rd.  
Coral Gables, FL 331342. Principal Place of Business  
Same3. Mailing Address  
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number 65-0830019

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CT Corporation System  
1200 S. Pine Island Road  
Plantation, Florida 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

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, 2001 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/P ☐ Delete  
NAME El-Naffy, Hani  
STREET ADDRESS 800 Douglas Rd., N. Tower  
CITY-ST-ZIP Coral Gables, FL 33134TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME Edmonson, M. Bryce  
STREET ADDRESS 800 Douglas Rd., N. Tower  
CITY-ST-ZIP Coral Gables, FL 33134TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D/EVP/CFO ☐ Delete  
NAME Inserra, John F.  
STREET ADDRESS 800 Douglas Rd., N. Tower  
CITY-ST-ZIP Coral Gables, FL 33134TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VP/S ☐ Delete  
NAME Pinter, Zoltan  
STREET ADDRESS 800 Douglas Rd., N. Tower  
CITY-ST-ZIP Coral Gables, FL 33134TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE T/AS ☐ Delete  
NAME Thompson, Peter M.  
STREET ADDRESS 800 Douglas Rd., N. Tower  
CITY-ST-ZIP Coral Gables, FL 33134TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME Mancilla Estay, Sergio  
STREET ADDRESS 800 Douglas Rd., N. Tower  
CITY-ST-ZIP Coral Gables, FL 33134TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
M. Bryce Edmonson, Director

Date

Daytime Phone #

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90121 045 \*\*\*150.00

00046939

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

4/20/01

305-520-8400