



**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMENDED 2003

FILED

03 JUL 11 PM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000002460

1. Entity Name

QUALITY PRODUCE SUPPLIERS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1714 CONSULATE PLACE

3. Mailing Address

1714 CONSULATE PLACE

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

#101

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

4. FEI Number

65-0727765

Applied For

Not Applicable

Zip

33401

Country

Zip

33401

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

GHORRA, JOANN

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

1714 CONSULATE PLACE, #101

City

WEST PALM BEACH

FL

Zip Code

33401

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

Joann Ghorra

JOANN GHORRA

7/9/03

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
NAME
STREET ADDRESS
CITY-STATE-ZIP

S
GHORRA, JOANN
1714 CONSULATE PLACE, #101
WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

800021481558
07/11/03--01042--003 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PD
GHORRA, EDWARD
15 LILLIAN PLACE
STATEN ISLAND NY 10308

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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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:

Joann Ghorra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOANN GHORRA

7/9/03

561-373-1010

Date

Daytime Phone: #

CR2E034B (12/01)

7/7/11