

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012736

1. Entity Name
L.B.J. PRODUCE, INC.Principal Place of Business
1620 NW 21ST ST
MIAMI FL 33142
USMailing Address
1620 NW 21ST ST
MIAMI FL 33142
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number 65-0727578

Applied For
Not Applicable5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DKUD, LARRY
3172 LA MIRAGE DR
LAUDERHILL FL 33319

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

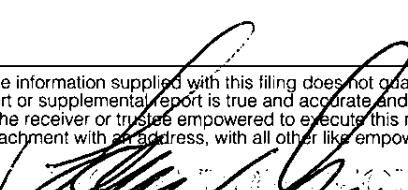
11. OFFICERS AND DIRECTORS

TITLE VPD Delete
NAME OKUN, LARRY
STREET ADDRESS 3172 LA MIRAGE DRIVE
CITY-ST-ZIP LAUDERHILL FL 33319

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PD Delete
NAME OKUN, BARBARA
STREET ADDRESS 3172 LA MIRAGE DRIVE
CITY-ST-ZIP LAUDERHILL FL 33319TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE STD Delete
NAME OKUN, JEFFREY A
STREET ADDRESS 3172 LA MIRAGE DRIVE
CITY-ST-ZIP LAUDERHILL FL 33319TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
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CITY-ST-ZIPTITLE Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE 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

Larry Okun 13-802

Date

Daytime Phone #

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90015 012 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)