

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90224 008 ***158.75

A0072393

DO NOT WRITE IN THIS SPACE

DOCUMENT # P. 97000020453			
1. Entity Name PAUL'S PRODUCE CORP.			
Principal Place of Business 14408 N. HENSEL LN #201		Mailing Address SAME	
TAMPA - FL 33613			
2. Principal Place of Business SAME ABOVE		3. Mailing Address SAME ABOVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PABLO MOREIRA 14408 N. HENSEL LN #201 TAMPA, FL 33613			
7. Name and Address of New Registered Agent Name PABLO MOREIRA Street Address (P.O. Box Number is Not Acceptable) 14408 N. HENSEL LN #201 City TAMPA FL Zip Code 33613			
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 _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS			
TITLE	PRESIDENT <input type="checkbox"/> Delete		
NAME	PABLO MOREIRA		
STREET ADDRESS	14408 N. HENSEL LN #201		
CITY- ST- ZIP	TAMPA- FL 33613		
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or a 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			
Date _____ Daytime Phone # _____			

CR2E034 (11/00)