FILED
Mar 20, 2003 8:00 am
Secretary of State

01-21-2003 90550 044 ****61.25
03-20-2003 90159 041 ****88.77

1/21/20

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052069

1. Entity Name
MARTIN PRODUCE INC

100425U9

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
300 N. Krome Ave	P.O. BOX 330759
Suite, Apt. #, etc. BLDG 3 - RM 20	Suite, Apt. #, etc.
City & State FLA. City	City & State MIA FLA
Zip 33034 Country DADE	Zip 33233 Country DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 650759136 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ELOISA MARTIN

Street Address (P.O. Box Number is Not Acceptable) 2625 SW 80 AVE

City MIA FL 33155 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 _____ DATE 1-16-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT
NAME	ALFREDO MARTIN JR.
STREET ADDRESS	2625 SW 80 AVE
CITY-ST-ZIP	MIA FL 33155
TITLE	VICE PRESIDENT
NAME	RAMIRO LOPEZ
STREET ADDRESS	21421 SW 248 ST
CITY-ST-ZIP	MIA FL 33031-1546
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CR2E034B (12/01)

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: President 1/16/03 (305)446-4360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #