

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000097082

1. Entity Name

A & R PRODUCE, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91139 047 ***150.00

Principal Place of Business		Mailing Address	
1995 HOWELL BRANCH RD CASSELBERRY FL 32707 US		150 NATIONAL PLACE, UNIT 110 LONGWOOD FL 32750	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3476812	Applied For
		Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RHEE, KI
150 NATIONAL PLACE, UNIT 110
LONGWOOD FL 32750

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

TITLE D
NAME AHN, BYUNG C
STREET ADDRESS 1784 CHESSINGTON CIRCLE
CITY-ST-ZIP HEATHROW FL 32746

TITLE D
NAME RHEE, KI
STREET ADDRESS 150 NATIONAL PLACE, UNIT 110
CITY-ST-ZIP LONGWOOD FL 32750

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME RHEE, CHULL S.
STREET ADDRESS 150 NATIONAL PLACE, UNIT 110
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE
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: KI RHEE *Byung Rhee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 407-260-5505

Date

Daytime Phone #

CR2E034 (10/00)