

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000027512**

1. Entity Name
FOREVER PRODUCE, INC.



Principal Place of Business
8315 SW 42ND COURT
DAVIE FL 33328

Mailing Address
8315 SW 42ND COURT
DAVIE FL 33328

2. Principal Place of Business
1351 SW. 141 AVE

3. Mailing Address
1351 SW. 141 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 208

Apt 208

City & State
Pembroke Pines FL

City & State
Pembroke Pines FL

Zip
33027

Zip
33027

Country

6. Name and Address of Current Registered Agent

**LENOCI, DONNA
8315 SW 42ND COURT
DAVIE FL 33328**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
DP
NAME
LENOCI, VITO
STREET ADDRESS
8315 SW 42ND COURT
CITY-ST-ZIP
DAVIE FL 33328

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**1351 SW 141 AVE Apt 208
Pembroke Pines FL 33027**

Change Addition

TITLE
DST
NAME
LENOCI, DONNA
STREET ADDRESS
8315 SW 42ND COURT
CITY-ST-ZIP
DAVIE FL 33328

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**1351 SW 141 AVE Apt 208
Pembroke Pines FL 33027**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an addressee, with all other like empowered.

VITO LENOVI

SIGNATURE:

**LENOCI, VITO
PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Apr 21, 2003 8:00 am
Secretary of State**

04-21-2003 91045 040 ***150.00



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0822203**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

036930
323 AV

CR2E034 (10/02)