

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

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

04-21-2003 91045 040 ***150.00

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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 S.W. 141 AVE

3. Mailing Address
1351 S.W. 141 AVE

Suite, Apt. #, etc.
APT. 208

Suite, Apt. #, etc.
APT. 208

City & State
REMBROKE PINES FL.

City & State
REMBROKE PINES FL.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0822203**

Applied For
Not Applicable

Zip
33027

Country

Zip
33027

Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1351 S.W. 141 AVE Apt 208**
CITY-ST-ZIP **REMBROKE PINES FL. 33027**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1351 S.W. 141 AVE Apt 208**
CITY-ST-ZIP **REMBROKE PINES FL. 33027**

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CITY-ST-ZIP

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VITO LENOCI
REMBROKE PINES, FL.

Date

Daytime Phone #

1/29/03

CR2E034 (10/02)