

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000054615**

1. Entity Name

FLORIDA PASSION FRUIT, INC.**FILED**
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90022 029 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 96-0130
MIAMI FL 33293-0130P.O. BOX 96-0130
MIAMI FL 33293-0130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0844643

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CAMINO, EDUARDO A
18600 SW 208TH AVENUE
MIAMI FL 33187~~Name **HILDEGARD I. CAMINO**Street Address **19945 SW 188 St.**City **Miami**FL **33187**

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 **HILDEGARD INGRID CAMINO**

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

Ingrid Camino

(NOTE: Registered Agent signature required when reinstating)

April 25th/01

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	CAMINO, EDUARDO A	9007 SW 151ST AVE. ROAD	MIAMI FL 33196	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	CAMINO, HILDEGARD I	9007 SW 151ST AVE. ROAD	MIAMI FL 33196	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: **EDUARDO A. CAMINO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 (305) 383-7656.

Date

Daytime Phone #

CP2E034 (10/00)