

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90042 028 ***150.00

DOCUMENT # P98000060931

1. Entity Name

UNIVERSAL AMERICAN PRODUCE INC.

Principal Place of Business

Mailing Address

~~8550 WEST FLAGLER STREET~~
~~SUITE 102~~
~~MIAMI FL 33144~~

~~8550 WEST FLAGLER STREET~~
~~SUITE 102~~
~~MIAMI FL 33144~~

00001100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

211 Sidonia Avenue

Suite, Apt. #, etc.

Apt. #4

City & State
Coral Gables, Fl.

Zip
33134

Country
USA

3. Mailing Address

211 Sidonia Avenue

Suite, Apt. #, etc.

Apt. #4

City & State
Coral Gables, Fl.

Zip
33134

Country
USA

4. FEI Number

65-0860566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ANTONIO
8550 WEST FLAGLER STREET
SUITE 102
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

Adiel Garcia

Street Address (P.O. Box Number is Not Acceptable)

211 Sidonia Avenue Apt #4

City

Coral Gables

FL

Zip Code
33134

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

Adiel Garcia

Adiel Garcia

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RODRIGUEZ, ANTONIO 8550 WEST FLAGLER STREET MIAMI FL 33144	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ANTONIO 8550 WEST FLAGLER STREET MIAMI FL 33144	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Adiel Garcia 211 Sidonia Avenue, Apt.#4	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Adiel Garcia 211 Sidonia Avenue, Apt #4 Coral Gables, Fl. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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:

Adiel Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000

Date

305 443-0872

Daytime Phone #