

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91266 001 ***450.00

DOCUMENT # P98000084525

1. Entity Name

PROSPERITY PRODUCE, INC

Principal Place of Business	Mailing Address
1265 NW 22ND TERRACE MIAMI, FL 33142	1265 NW 22ND TERRACE MIAMI, FL 33142

2. Principal Place of Business
 SEE ABOVE ENTRIES

3. Mailing Address
 SEE ABOVE ENTRIES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0879702

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

72567

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANTHONY DIEGUEZ
 1840 WEST 49TH STREET
 SUITE 411
 HIALEAH, FLORIDA 33012

Name
 JORGE L. GURIAN, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
 75 VALENCIA AVENUE, 4TH FLOOR
 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

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

3/29/01

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	MEMBRENO, JOSE	
STREET ADDRESS	9872 HAMMOCKS BLVD., APT. 105	
CITY - ST - ZIP	MIAMI, FL 33196	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ARTHUR, ROBERT	
STREET ADDRESS	P.O. BOX 562001	
CITY - ST - ZIP	MIAMI, FL 33256	

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR, ROBERT	
STREET ADDRESS	P.O. BOX 562001	
CITY - ST - ZIP	MIAMI, FL 33256	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Robert A. Arthur
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01

305-324-2690

Date

Daytime Phone #