

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

DOCUMENT # P99000037064

1. Entity Name

FRUTICA, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

02-15-2000 90010 004 ***150.00

Principal Place of Business

10505 NW 29TH TERRACE
MIAMI FL 33172

Mailing Address

10505 NW 29TH TERRACE
MIAMI FL 33172-2531

2. Principal Place of Business

SAME

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0913844

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MARTINEZ, ROMAN
 7025 SW 74TH STREET
 MIAMI FL 33143

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.

SIGNATURE

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, ROMAN	
STREET ADDRESS	7025 SW 74TH STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, JOSE	
STREET ADDRESS	7030 SUNSET DRIVE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, MILTON	
STREET ADDRESS	1419 TRILLO AVENUE	
CITY-ST-ZIP	MIAMI FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, JENNIFER	
STREET ADDRESS	11440 NW 50TH TR.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	YNESTROZA, WILFREDO	
STREET ADDRESS	10551 SW 68TH STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/00

CR2E034 (9/99)