

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055243

1. Entity Name

REAL FRUIT INC N/C 4/6/00

04-24-2000 90168 008 \*\*\*150.00

STATE OF FLORIDA

FILED

Oct 19, 2000 8:00 A.M.  
Secretary of State

Principal Place of Business

Mailing Address

350 WEST 20TH STREET  
#9  
HIALEAH FL 33010

350 WEST 20TH STREET  
#9  
HIALEAH FL 33010-2525

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

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

FERNANDEZ, JULIO  
2760 WEST 63RD PLACE  
SUITE 23-102  
HIALEAH FL 33016

Name FERNANDEZ, JULIO

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

7231 BELLE MEADE BLVD

City MIAMI, FL.

FL

Zip Code

33138

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

PRESIDENT

4-18-00

Signature of the person named in the statement 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 PSTD  
NAME FERNANDEZ, JULIO  
STREET ADDRESS 2760 WEST 63RD PLACE #23-102  
CITY-ST-ZIP HIALEAH FL 33010 ☒ Delete

TITLE PSTD  
NAME FERNANDEZ, JULIO  
STREET ADDRESS 7231 BELLE MEADE BLVD.  
CITY-ST-ZIP MIAMI, FLORIDA 33138 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED PRESIDENT

4-18-00

(305)257-9355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #

CR2E034 (9/99)

**Real Fruit, Inc.**

350 West 20<sup>th</sup> Street #8  
Hialeah, FL 33010

October 12, 2000

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

REF Number: P99000055243  
Letter Number: 900A00049662

Dear Mr. Dunlap:

In regards to the \$400.00 late fee I would like to know if this charges could be waived. Due to the fact, back in May when I received this letter my secretary's daughter passed away. This death brought on many set backs to my company.

Please reconsider these late fees leaving me to pay the business report charges only.

Sincerely,

Julio A. Fernandez  
President