

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067534

1. Entity Name

LIOTTA'S FRUIT CORP.

FILED

Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90094 001 ***150.00

Principal Place of Business

7000 WEST PALMETTO PARK ROAD
SUITE 200
BOCA RATON FL 33433

Mailing Address

7000 WEST PALMETTO PARK ROAD
SUITE 200
BOCA RATON FL 33433-3430

2. Principal Place of Business

821 N. FEDERAL HWY
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

HALLANDALE FL

City & State

Zip

Country

33009

Country

U.S.A

4. FEI Number

65-0943125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARELLEK, STEVEN
7000 WEST PALMETTO PARK ROAD
SUITE 200
BOCA RATON FL 33433

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 ~~Pres~~ ☐ Delete
NAME ~~Salvatore Liotta~~

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition
NAME Salvatore Liotta

STREET ADDRESS
CITY-ST-ZIP

821 N. Federal Hwy.
Hallandale, FL 33009

TITLE Vice President ☐ Change ☒ Addition
NAME Jeff Liotta

STREET ADDRESS
CITY-ST-ZIP

821 N. Federal Hwy.
Hallandale, FL 33009

TITLE Sec./Treasurer ☐ Change ☒ Addition
NAME Catherine Liotta

STREET ADDRESS
CITY-ST-ZIP

821 N. Federal Hwy.
Hallandale, FL 33009

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Salvatore Liotta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

Date

954-456-6695

Daytime Phone #

CR2F034 (9/99)