

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90025 035 ***158.75

DOCUMENT # P99000097010

1. Entity Name

L & M PRODUCE OF FLORIDA, INC.

Principal Place of Business

**8180 NW 36TH ST., #100
 MIAMI FL 33166**

Mailing Address

**8180 NW 36TH ST., #100
 MIAMI FL 33166**

2. Principal Place of Business

6928 N.W. 12 ST.

3. Mailing Address

P.O. Box 661688

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL.

City & State

MIAMI SPRINGS, FL.

4. FEI Number

65-0961333

Applied For

☐ Not Applicable

Zip

33126

Country

USA

Zip

33266-1688

Country

USA

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

EDWARDS, LUTHER M

8180 NW 36TH ST., #100

MIAMI FL 33166

Name

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

6928 NW 12 St.

City

Miami

FL

Zip Code

33126

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	EDWARDS, LUTHER M	
STREET ADDRESS	600 ORIOLE AVENUE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCWHORTER, JAMES E	
STREET ADDRESS	11112 TARA RD	
CITY-ST-ZIP	POTOMAC MD 20854	
TITLE	D	<input type="checkbox"/> Delete
NAME	LICHTENSTEIN, HERBERT E	
STREET ADDRESS	22320 FLINTRIDGE DR	
CITY-ST-ZIP	BROOKVILLE MD 20833	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
NAME		
STREET ADDRESS		
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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 all other like empowered.

SIGNATURE:

Luthe M. Edwards REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 22, 2002

Date

Daytime Phone #

CR2E034 (9/01)