

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099926

1. Entity Name

AMERICAS PERISHABLES, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90070 008 \*\*\*158.75

Principal Place of Business

7860 CAMINO REAL #L310  
MIAMI FL 33143

Mailing Address

7860 CAMINO REAL #L310  
MIAMI FL 33143-6873

2. Principal Place of Business

85 B JEFFERSON AV.

3. Mailing Address

85 B JEFFERSON AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI Beach, FLORIDA

City & State

MIAMI Beach, FLORIDA

4. FEI Number

65-0957404

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, SEBASTIAN  
7860 CAMINO REAL, #L310  
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name DIAZ, SEBASTIAN

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

85 B JEFFERSON AV

City MIAMI FL 33139 FL Zip Code 33139

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 P  
NAME DIAZ, SEBASTIAN  
STREET ADDRESS 7860 CAMINO REAL, #L310  
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/05/00 (305) 5828046

CR2E034 (9/99)