

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90063 048 \*\*\*150.00

DOCUMENT # **P990000099926**  
1. Entity Name  
**AMERICAS PERISHABLES, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>842 FIRST STREET</b> Suite, Apt. #, etc. <b>SUITE F</b> City & State <b>MIAMI BEACH FL</b> Zip <b>33139</b> Country	3. Mailing Address <b>842 FIRST STREET</b> Suite, Apt. #, etc. <b>SUITE F</b> City & State <b>MIAMI BEACH FL</b> Zip <b>33139</b> Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0957404</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>SEBASTIAN DUEZ</b>
Street Address (P.O. Box Number is Not Acceptable) <b>842 FIRST STREET SUITE F</b>
City <b>MIAMI BEACH FL</b> Zip Code <b>33139</b>

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 reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 NAME STREET ADDRESS CITY - ST - ZIP <b>P SEBASTIAN DUEZ 842 FIRST ST MIAMI BEACH FLORIDA 33139</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SEBASTIAN DUEZ**

DATE

**04/25/02**

DAYTIME PHONE #

**305-5314849**

CR2E034B (12/01)