

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100587

1. Entity Name

FRUTICOL ENTERPRISES, CORP (2)

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90093 006 \*\*\*150.00

Principal Place of Business

Mailing Address

10240 SW 56 ST STE 115  
MIAMI FL 33165

00077345

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

65-0960595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALFONSO SAENZ  
10240 SW 56 ST 115  
MIAMI FL 33165

Name

ALFONSO SAENZ

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

11762 N Kendall Dr MPB 163

City MIAMI

FL

Zip Code 33186

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P. ALFONSO SAENZ  
STREET ADDRESS 11762 N Kendall Dr MPB 163  
CITY-ST-ZIP MIAMI FL 33186

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/2000 (305) 491-1791  
Date Daytime Phone #

CR2E034 (9/99)

Attachment  
DW77345  
# P99000100587

July 27, 2000

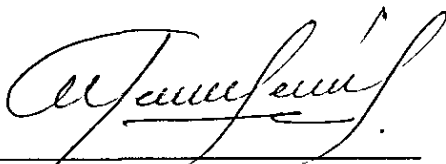
Department of State  
Division of Corporation  
Tallahassee, Fl

Ref: Doc P99000100587

We are enclosing a check for \$150.00 for the renewal fees for Fruticol Enterprises, Corp. We did not receive the form to file in the mail; we did not realize that the fees were not paid for year 2000. Please abate the penalties.

Please be advised that the original documents file with the State read FRUTICOL and the State made a typo and registered FRUITICOL

Thank you,



Alfonso Saenz  
President  
10240 SW 56 Street Suite 115  
Miami Fl 33165