

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111957
Entity Name

RELIABLE PRODUCE, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
2339 N.W. 15th Avenue P.O. Box 420220
Miami, Florida 33142 Miami, Florida 33242

Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0985359 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

Rosen, Steven M. Esq.
5601 Biscayne Blvd.
Miami, Florida 33137

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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)

6/23/00
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	D.V.P.	<input checked="" type="checkbox"/> Delete
NAME	Belle Peters	
STREET ADDRESS	3625 N. Country Club Drive, Miami, FL	
CITY-ST-ZIP		
TITLE	D.PR.SEC.	<input checked="" type="checkbox"/> Delete
NAME	Mike Peters	
STREET ADDRESS	P.O. Box 4202200, Miami, FL 33242	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D. Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leonardo Sclafani	
STREET ADDRESS	1880 S. Ocean Drive, Hallandale Beach, FL 33009	
CITY-ST-ZIP		
TITLE	D. Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Schwarz	
STREET ADDRESS	1880 S. Ocean Drive, Hallandale Beach, FL 33009	
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		
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 info empowered.

SIGNATURE: *Leonardo Sclafani*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/00
Date

Daytime Phone #

KE