

2001 UNIFORM BUSINESS REPORT (UBR)

5/4

FILED
May 31, 2001 8:00 am
Secretary of State

05-04-2001 90094 007 ***150.00

DOCUMENT # P99000111957

1. Entity Name

RELIABLE PRODUCE, INC.

Principal Place of Business

**2339 NW 15TH AVE
 MIAMI FL 33142
 US**

Mailing Address

**PO BOX 420220
 MIAMI FL 33242
 US**

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

65-0985359

Applied For

Not Applicable

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

**ROSEN, STEVEN M ESQ.
 5601 BISCAYNE BLVD.
 MIAMI FL 33137**

Name

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

City

FL

Zip Code

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	SCLAFANI, LEONARDO	
STREET ADDRESS	1880 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SCHWARZ, BETTY	
STREET ADDRESS	1880 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 registered agent authorized 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 in Block 11 with all names authorized.

SIGNATURE

Leonardo Sclafani
 SIGNATURE OF OFFICER OR DIRECTOR

LEONARDO SCLAFANI

5/26/2001

Date

Daytime Phone #

305-635-6119

CR2E034 (10/00)