AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

08-26-2002 90066 036 ****70.00
FILED P99000111957
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P99000111957

1. Entity Name

RELIABLE PRODUCE, INC.

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2. Principal Place of Business	3. Mailing Address
2339 N.W. 15th Avenue	2339 N.W. 15th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33142 Country: USA	Zip: 33142 Country: USA

4. FEI Number: 65-0985359 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Pedro P. Vargas

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

2339 N.W. 15th Avenue

City: Miami FL Zip Code: 33142

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: Pedro P. Vargas 8/22/02
Signature, type 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) ☐

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 P., D. NAME Pedro P. Vargas STREET ADDRESS 2339 N.W. 15th Av., CITY-ST-ZIP Miami, Fl 33142	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP., D. NAME Rosa T. Ochoa STREET ADDRESS 2339 N.W. 15th Av., CITY-ST-ZIP Miami, Fl 33142	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE S., D. NAME Frank A. Burgo STREET ADDRESS 2339 N.W. 15th Av., CITY-ST-ZIP Miami, Fl 33142	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D. NAME Rosa I. Vargas STREET ADDRESS 2339 N.W. 15th Av., CITY-ST-ZIP Miami, Fl 33142	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

12. 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: 8/22/02 305-635-6119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/4/02 aw