

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90468 013 ***150.00

DOCUMENT # S16573

1. Entity Name

GOLANI PRODUCE, INC.

Principal Place of Business

6580 NW 78TH DRIVE
PARKLAND FL 33067
US

Mailing Address

6580 NW 78TH DRIVE
PARKLAND FL 33067
US

2. Principal Place of Business

11925 NW 11th CT
Suite, Apt. #, etc.

3. Mailing Address

11925 NW 11th CT
Suite, Apt. #, etc.

City & State
Coral Springs

Zip
33071

Country
USA

City & State
Coral Springs

Zip
33071

Country
USA

4. FEI Number 65-0258269

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RONEN, GIL
6580 NW 78TH CIR
PARKLAND FL 33067

7. Name and Address of New Registered Agent

Name Ronen, GIL

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

11925 NW 11th CT

City Coral Springs

FL

Zip Code 33071

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

TITLE P
NAME RONEN, GIL ☐ Delete
STREET ADDRESS 6580 NW 78TH CIR
CITY-ST-ZIP PARKLAND FL 33067

TITLE VPS
NAME RONEN, JODI ☐ Delete
STREET ADDRESS 6580 NW 78TH CIR
CITY-ST-ZIP PARKLAND FL 33067

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11925 NW 11th CT
CITY-ST-ZIP Coral Springs, FL 33071

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11925 NW 11th CT
CITY-ST-ZIP CORAL SPRINGS, FL 33071

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 live empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)