

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90012 044 ***158.75

DOCUMENT # S35090

1. Entity Name
PALM BEACH PRODUCE, INC.

Principal Place of Business

1495 ARABIAN DRIVE
LOXAHATCHEE FL 33470

Mailing Address

1495 ARABIAN DRIVE
LOXAHATCHEE FL 33470

2. Principal Place of Business

958 South Military Trail

Suite, Apt. #, etc.
PMB 94

3. Mailing Address

958 South Military Trail

Suite, Apt. #, etc.
PMB 94

City & State

West Palm Bch, Florida

City & State

West Palm Bch, Florida

4. FEI Number

65-0246199

Applied For

Not Applicable

Zip
33415

Country
USA

Zip
33415

Country
USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RORABECK, MARK E.
1495 ARABIAN DRIVE
LOXAHATCHEE FL 33415

7. Name and Address of New Registered Agent

Name

Rorabeck, Mark E.

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

958 South Military Trail

PMB 94

City

West Palm Beach

FL

Zip Code
33415

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

Mark Rorabeck

Mark E. Rorabeck, President

01/23/02

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, 2002 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 <input type="checkbox"/> Delete
NAME	RORABECK, MARK E.
STREET ADDRESS	1495 ARABIAN DR.
CITY-ST-ZIP	LOXAHATCHEE FL
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rorabeck, Mark E.
STREET ADDRESS	958 South Military Tr., PMB 94
CITY-ST-ZIP	West Palm Bch, FL 33415
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	
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 like empowered.

SIGNATURE: *Mark Rorabeck* **Mark E. Rorabeck, President**

01/23/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)