

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S47413

1. Entity Name

PRODUCE MOVERS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90282 009 ***150.00

Principal Place of Business

150 SW 12TH AVE #430
POMPANO BEACH FL 33069

Mailing Address

150 SW 12TH AVE #430
POMPANO BEACH FL 33069-3200

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0257384**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, SHERYL
150 SW 12TH AVE
SUITE #430
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name William V. Rosenberg
Street Address (P.O. Box Number is Not Acceptable)
150 SW 12th Avenue
Suite 430
City Pompano Bch **FL** Zip Code 33069

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

4-27-00

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	STD	<input checked="" type="checkbox"/> Delete
NAME	ROSENBERG, SHERYL	
STREET ADDRESS	150 SW 12TH AVE #430	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STEINBERG, JOAN	
STREET ADDRESS	150 SW 12TH AVE #430	
CITY-ST-ZIP	POMPANO BEACH 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President / Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William V. Rosenberg	
STREET ADDRESS	150 SW 12th Ave Suite 430	
CITY-ST-ZIP	Pompano Bch FL 33069	
TITLE	Vice-Pres / Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Steinberg	
STREET ADDRESS	150 SW 12th Ave Suite 430	
CITY-ST-ZIP	Pompano Bch, FL 33069	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-2000

954-946-6770

CR2E034 (9/99)