2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED **DOCUMENT # S48627** Apr 14, 2000 8:00 am Secretary of State 1. Entity Name SUN FRESH PRODUCE, INC. 04-14-2000 90117 033 ***150.00 Principal Place of Business Mailing Address 950 WEST 13TH STREET 950 W 13TH ST RIVERIA BEACH FL 33404-6712 RIVIERA BEACH FL 33404 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0257918 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TURDO MICHAEL J. Street Address (P.O. Box Number is Not Acceptable) 11535 BUCKHAVEN LANE WEST-PALM BEACH-FL-33412 1345 BEAR ISLAND DR 33409 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. AMES FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11, Addition ☐ Change TITLE TITLE Delete TURDO, MICHAEL-J. NAME NAME 11535 BUCKHAVEN LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JWEST PALM BEACH FL CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE TURDO, VALORIE M NAME NAME 11535 BUCKHAVEN LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33412 CITY-ST-ZIP ☐ Addition COB PRESIDENT & COG TITLE ☐ Delete TITLE FREESE, JAMES F REESE, JAMES 1 NAME NAME 1345 BEAR ISLAND DR. W. PAUM BEACH, FL 33409 STREET ADDRESS 1345 BEAR ISLAND DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 11 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

PAMOS K. FREESE) 3-10-2000 (541)844-8711