

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90065 046 \*\*\*150.00

**DOCUMENT # S49399**

1. Entity Name  
**PALM PRODUCE REAL ESTATE, INC.**

Principal Place of Business <b>3434 MAIN HWY          COCONUT GROVE FL 33133          US</b>	Mailing Address <b>3434 MAIN HWY          COCONUT GROVE FL 33133-5916          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>657 Lincoln Road</b>	3. Mailing Address <b>657 Lincoln Road</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami Beach, FL</b>	City & State <b>Miami Beach, FL</b>	4. FEI Number <b>65-0393311</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33139</b>	Country <b>USA</b>	Zip <b>33139</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>LONG, BARRY          2421 LAKE PANCOAST DR          SUITE 6-C          MIAMI BEACH FL 33140</b>	7. Name and Address of New Registered Agent Name <b>LONG, BARRY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1335 LENOX AVENUE</b> City <b>Miami Beach</b> FL <b>33139</b>
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LICATA, STEPHEN 3845 COCO GROVE AVE COCONUT GROVE FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LONG, BARRY 2421 LAKE PAN COAST DR, #6-C MIAMI BEACH FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LONG BARRY 1335 LENOX AVENUE MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Barry Long Date: 2/4/00 Daytime Phone #: (905) 534-3335