

AMENDED  
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S62784

1. Entity Name

KENNECO PRODUCE WHOLESALERS, INC.

FILED

00 DEC 29 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1255 W. Atlantic Blvd  
Suite No. 8  
Pompano Beach, FL 33069

Mailing Address  
1255 W. Atlantic Blvd  
Suite No. 8  
Pompano Beach, FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0269135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Hyman, Brad  
1255 West Atlantic Blvd  
Suite 8  
Pompano Beach, FL 33069

7. Name and Address of New Registered Agent

Name

Hyman, Cheryl M.

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

1255 West Atlantic Blvd, Suite 8

City

Pompano Beach

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

*Cheryl M. Hyman*

Cheryl M. Hyman

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, 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  
NAME  
P S T  
Hyman, Cheryl M.  
STREET ADDRESS  
1255 W. Atlantic Blvd, #8  
CITY-ST-ZIP  
Pompano Beach, FL 33069 ☐ Delete

TITLE  
NAME  
D  
Hyman, Cheryl M.  
STREET ADDRESS  
1255 W. Atlantic Blvd, #8  
CITY-ST-ZIP  
Pompano Beach, FL 33069 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

*Cheryl M. Hyman*

Cheryl M. Hyman, President

12/16/00

Date

954-788-0091

Daytime Phone #

CR2E034 (9/99)