FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 19, 2001 8:00 am **DOCUMENT # V27306 Secretary of State** 1. Entity Name R M PRODUCE DISTRIBUTORS, INC. 03-19-2001 90017 046 ***150.00 Principal Place of Business Mailing Address C/O RONALD M. MILLER C/O RONALD M. MILLER 634805 8533 NORTHWEST 51ST PLACE 8533 NORTHWEST 51ST PLACE CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067 2. Principal Place of Business 3. Mailing Address 4903 WOODLANDS 4903 WOODGONDS Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0327102 T. LANDERLODI T. LAUDENDOLE, Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, RONALD M. Street Address (P.O. Box Number is Not Acceptable) 8533 NORTHWEST 51ST PLACE **CORAL SPRINGS FL 33067** FORT LAVORDOLE 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 **QUANO** SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE Change : ☐ Addition TITLE ☐ Delete MILLER, RONALD M. NAME STREET ADDRESS STREET ADDRESS WOODLANDS 8533 N.W. 51ST PLACE CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL** TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONDLO M. MILLER D 3/

954731-4670