

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90035 030 ***150.00

DOCUMENT # P00000001322

1. Entity Name
VIA TROPICAL FRUITS, INC.



Principal Place of Business
C/O DENNIS LERNER, BNP PARIBAS
787 SEVENTH AVENUE
NEW YORK, NY 10019

Mailing Address
C/O DENNIS LERNER, BNP PARIBAS
787 SEVENTH AVENUE
NEW YORK, NY 10019



50000645

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0076423

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CAPELLE, HUBERT
STREET ADDRESS 919 THIRD AVENUE
CITY-ST-ZIP NEW YORK, NY 10022

TITLE D ☒ Delete
NAME SOBIN, LARRY
STREET ADDRESS 787 SEVENTH AVENUE
CITY-ST-ZIP NEW YORK, NY 10019

TITLE T ☐ Delete
NAME CLYNE, THOMAS
STREET ADDRESS 919 THIRD AVENUE
CITY-ST-ZIP NEW YORK, NY 10022

TITLE S ☐ Delete
NAME SHIELDS, ROBYN
STREET ADDRESS 787 SEVENTH AVENUE
CITY-ST-ZIP NEW YORK, NY 10019

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
NAME HUBERT CAPELLE
STREET ADDRESS C/O BNP PARIBAS RLC INC, 525 WASHINGTON BLVD
CITY-ST-ZIP JERSEY CITY, NJ 07310

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

TITLE TREASURER ☒ Change ☐ Addition
NAME THOMAS CLYNE
STREET ADDRESS C/O BNP PARIBAS RLC INC, 525 WASHINGTON BLVD
CITY-ST-ZIP JERSEY CITY, NJ 07310

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dennis Lerner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08

Date

(201) 850-6751

Daytime Phone #