FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000108426

1. Entity Name
Tropical supermarket No. 7, Inc.

FILED
04 OCT 25 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

5/5/04 90208 015 $150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2828 Coral Way	Same
Suite, Apt. #, etc. Ste 300	Suite, Apt. #, etc.
City & State Miami, Florida	City & State
Zip 33145 Country USA	Zip Country

4. FEI Number 20-1231649 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Fausto Alvarez

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

2828 Coral way Ste 300

City Miami FL Zip Code 33145

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 X _____
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D
NAME	Pedro O. Rodriguez
STREET ADDRESS	2828 Coral way Ste 300
CITY-ST-ZIP	Miami, FL 33145
TITLE	
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CR2E024R (12/01)

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

SIGNATURE: X Pedro O Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TROPICAL SUPERMARKET NO. 7, INC.

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISE THAT ON APRIL 07, 2004 I SUBMITED THE ANNUAL REPORT PAYMENT ALONG WITH THE PAYMENT AND THAT I NEVER RECEIVED A REJECTED LETTER FROM YOUR OFFICE.

AS PER YOUR INSTRUCTIONS, I AM ENCLOSING MY COMPLETE ANNUAL REPORT FORM ALONG WITH THE COPY OF THE CHECK ALREADY CASHED, IN ORDER TO PUT MY COMPANY IN THE NORMAL STATUS. I APPRECIATE ALL YOUR HELP IN THIS MATTER.

THANK YOU FOR YOUR TIME AND CONSIDERATION AND IF YOU HAVE ANY FURTHER QUESTION, PLEASE DO NOT HESITATE TO CONTACT ME.

CORDIALLY,

Pedro O Rodriguez

PEDRO O. RODRIGUEZ
PRESIDENT

TRANSATLANTIC BANK

Item Detail

Check 1 of 1

Status: Paid ✔

tranDate	account	amount	serial	tranCode	abs	sequence
05/17/2004	0000003052254406	$150.00	000000005728	000052	067011825	14011402

[redacted] [redacted] [redacted]

VARADERO SUPERMARKET #1
DIA TROPICAL SUPERMARKET #5

24071387 5728

DATE 7/27/04

PAY TO THE ORDER OF FLORIDA DEPARTMENT OF STATE $ 150.00

One hundred FIFTY DOLLARS

TRANSATLANTIC BANK

FOR Doc. Number P03000108426

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TRANSATLANTIC BANK
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MAY 14 '04

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DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1000000796
MAY 0 3 2004