

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P03000108420

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

2. Principal Place of Business

2828 Coral Way

3. Mailing Address

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

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

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]

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
NAME

STREET ADDRESS
CITY-ST-ZIP

Pedro O. Rodriguez
2828 Coral Way Ste 300
Miami, FL 33145

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

800042149488

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME

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CITY-ST-ZIP

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NAME

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CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/01/17 P03000108420

TROPICAL SUPERMARKET NO. 7, INC.

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

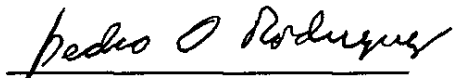
TO WHOM IT MAY CONCERN:

PLEASE BE ADVISE THAT ON APRIL 07, 2004 I SUBMITTED 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
PRESIDENT



Item Detail

Check 1 of 1

Status: Paid ✓

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

VARADERO SUPERMARKET #1
DELA TROPICAL SUPERMARKET #5
410 SW 5TH STREET
MIAMI, FL 33144

24071387 5728

DATE 5/17/04

PAY TO THE ORDER OF FLORIDA DEPARTMENT OF STATE \$150.00

One Hundred Fifty DOLLARS

TRANSATLANTIC BANK

FOR DEPOSIT NUMBER PD03000108426

PD05728P PD67011825C 3052254406P PD000015000P

02012382 02285 02 02 823 80
TRANSATLANTIC BANK
(630-0019-9)
ENT=1421 JRC=1426 PK=01

MAY 14 2004

DEPT OF REVENUES, INC.
1000 N. W. 10TH ST
MIAMI, FL 33136
654063029

05/17/04 11:14 AM

DEPARTMENT OF REVENUE
FOR DEPOSIT
ACCT. # 108246756
MAY 13 2004