

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008011

1. Entity Name  
TROPICAL SEEDS, LLC

FILED

01 JUL 10 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
200 SOUTH BISCAYNE BLVD., SUITE 4100  
MIAMI FL 33131

Mailing Address  
200 SOUTH BISCAYNE BLVD., SUITE 4100  
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

BAJH

2. Principal Place of Business  
255 S. ORANGE AVE.  
Suite, Apt. #, etc.  
SUITE 955, CITRUS CENTER  
City & State  
ORLANDO, FLORIDA  
Zip  
32801  
Country  
USA

3. Mailing Address  
255 S. ORANGE AVE.  
Suite, Apt. #, etc.  
SUITE 955, CITRUS CENTER  
City & State  
ORLANDO, FLORIDA  
Zip  
32801  
Country  
USA

4. FEI Number  
Apply For  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

FERNANDEZ-QUINCOCES, GUILLERMO J  
200 SOUTH BISCAYNE BLVD., SUITE 4100  
MIAMI FL 33131

## 7. Name and Address of New Registered Agent

Name  
HAYES & ASSOCIATES, CPA  
Street Address (P.O. Box Number is Not Acceptable)  
2102 EAST ROBINSON STREET  
200 South Biscayne Blvd., Ste. 4100  
City  
ORLANDO  
FL  
Zip Code  
32803

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

(NOTE: Registered Agent signature required when reinstating)

7/5/01  
DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM Semillas Papalotla, S.A. de C.V. 255 S ORANGE AVE., SUITE 955, CITRUS CENTER ORLANDO, FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Robert Hayes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/01  
Date

Daytime Phone #

CR2E083 (11/00)