


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90173 031 ***150.00

DOCUMENT # 149383

1. Entity Name
TROUP BROS., INC.



Principal Place of Business
**8525 OLD CUTLER RD.
P. O. BOX 557067
MIAMI FL 33255**

Mailing Address
**8525 OLD CUTLER RD.
P. O. BOX 557067
MIAMI FL 33255**



2. Principal Place of Business
**150 SE 2ND AVE.
SUITE 1200
MIAMI FLA
33131 USA**

3. Mailing Address
**150 SE 2ND AVE.
SUITE 1200
MIAMI FL
33131 USA**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TROUP, HELENE Z.
8525 OLD CUTLER RD.
CORAL GABLES FL 33143**

7. Name and Address of New Registered Agent

Name **BORIS ROSEN**
Street Address (P.O. Box Number is Not Acceptable)
150 SE 2ND AVENUE, SE 1200
City **MIAMI** FL Zip Code **33131**

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 *Hele Z. Troup* DATE 2-25-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROUP, HELENE Z. 8525 OLD CUTLER RD. CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCGRATH, KATHARINA 8525 OLD CUTLER RD. CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCGRATH, KATHARINA 8525 OLD CUTLER RD. CORAL GABLES FL	<input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-D HELENE Z. TROUP 730 S. ALHAMBRA CIRCLE CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-S-T-D KATHARINA MCGRATH 730 S. ALHAMBRA CIRCLE CORAL GABLES, FL 33146	<input checked="" 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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hele Z. Troup* **SIGNATURE REQUIRED** DATE 2/25/03 Daytime Phone # 305-374-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)