

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90203 044 ***150.00

DOCUMENT # H38727

1. Entity Name
TROPICAL VALUES, INC.

Principal Place of Business

**8000 NW 7TH STREET
P.O. BOX 525400
MIAMI FL 33126-4008**

Mailing Address

**8000 NW 7TH STREET
P.O. BOX 525400
MIAMI FL 33126-4008**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2485854**

Applied For

Not Applicable

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

**BLOUNT, GREGORY L
8000 NW 7TH STREET
MIAMI FL 33126**

Name

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

City

FL

Zip Code

8. This 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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BLOUNT, GREGORY**
STREET ADDRESS **8000 N W 7TH STREET**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **D** ☐ Change ☒ Addition
NAME **James Wade**
STREET ADDRESS **8000 NW 7 St.**
CITY-ST-ZIP **Miami, Fl. 33126**

TITLE **S** ☐ Delete
NAME **RAPPAPORT, NANCY**
STREET ADDRESS **8000 N W 7TH STREET**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **D** ☐ Change ☒ Addition
NAME **Betty Diamond**
STREET ADDRESS **8000 NW 7 St.**
CITY-ST-ZIP **Miami, Fl. 33126**

TITLE **D** ☐ Delete
NAME **MARTINEZ, MARIO C**
STREET ADDRESS **6451 N. FEDERAL HIGHWAY, STE. 1021**
CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE **D** ☐ Delete
NAME **FETZER, FRED B**
STREET ADDRESS **8000 NW 7 ST.**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete
NAME **MURRAY, DAVID**
STREET ADDRESS **8000 N.W. 7 STREET**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete
NAME **HESS, WILLIAM**
STREET ADDRESS **8000 NW 7TH STREET**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **NANCY RAPPAPORT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-02 305-265-2404

Date

Daytime Phone #

CR2E034 (4/02)

NANCY L. RAPPAPORT
Senior Vice President
Chief Operating Officer



Attachment
D# H38727

July 22, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32303-1500

To Whom It May Concern:

This letter is to inform you that the attached UBR form for Tropical Values, Inc. is the first notice we have received for 2002. We did not receive the first notice, and therefore, are paying the original fee of \$150.00, per your instructions.

Thank you for your assistance and feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Nancy Rappaport".

Nancy Rappaport
Secretary

8000 NW 7 Street
Miami, Florida 33126

1-305-265-2404 TEL
1-305-265-9748 FAX
1-800-982-2034 WATS

E-MAIL: NLRAPPAP@TFCU-FL.ORG