FILED

2002 UNIFORM BUSINESS REPORT (UBR)

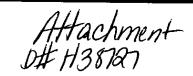
Jul 28, 2002 8:00 am **Secrétary of State** DOCUMENT # H38727 1. Entity Name 07-28-2002 90203 044 ***150.00 TROPICAL VALUES, INC. Principal Place of Business Mailing Address 8000 NW 7TH STREET 8000 NW 7TH STREET P.O. BOX 525400 P.O. BOX 525400 MIAMI FL 33126-4008 MIAMI FL 33126-4008 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2485854 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLOUNT, GREGORY L Street Address (P.O. Box Number is Not Acceptable) 8000 NW 7TH STREET MIAMI FL 33126 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ☐ Delete TITLE D X Addition NAME **BLOUNT, GREGORY** NAME James Wade STREET ADDRESS 8000 N W 7TH STREET STREET ADDRESS 8000 NW 7 St. CITY-ST-7IE **MIAMI FL 33126** CITY-ST-ZIP Miami, Fl. 33126 TITLE ☐ Delete TITLE ☐ Change X Addition NAME Betty Diamond RAPPAPORT, NANCY NAME STREET ADDRESS 8000 NW 7 St. 8000 N W 7TH STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33126** CITY-SY-7IP Milami, Fl. 33126 TITLE ☐ Delete ☐ Change Addition MARTINEZ, MARIO C NAME NAME STREET ADDRESS 6451 N. FEDERAL HIGHWAY, STE. 1021 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FETZER, FRED B NAME STREET ADDRESS 8000 NW 7 ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MURRAY, DAVID NAME STREET ADDRESS 8000 N.W. 7 STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Delete TITLE ■ Addition NAME HESS, WILLIAM NAME STREET ADDRESS 8000 NW 7TH STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33126** CITY-ST-ZIP

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:

7-22-02 305-265-240

TRIPCALE V A L U E S



NANCY L. RAPPAPORT Senior Vice President Chief Operating Officer

July 22, 2002

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

To Whom It May Concern:

nancy Rappopul

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,

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