

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000032497

1. Entity Name

THE TROPICAL TASTE, INC.

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90449 009 \*\*\*150.00

Principal Place of Business

9845 SW 184 ST.  
MIAMI FL 33189

Mailing Address

9845 SW 184 ST.  
MIAMI FL 33189

2. Principal Place of Business

9845 SW 184 ST.

Suite, Apt. #, etc.

NA

City & State

Miami

Florida

Zip

33157

Country

Dade

3. Mailing Address

9845 SW 184 ST.

Suite, Apt. #, etc.

NA

City & State

Miami

Florida

Zip

33157

Country

Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

105-0972680

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional -  
Fee Required

6. Name and Address of Current Registered Agent

CLARKE, JUDITH  
9845 SW 184 ST.  
MIAMI FL 33189

7. Name and Address of New Registered Agent

Name

Clarke Judith

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

9845 SW 184 ST

City

Miami

FL

Zip Code

33157

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

Judith Clarke

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)

N/A

☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

N/A

11. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | GOODEN, EVADNE        |                                 |
| STREET ADDRESS | 9845 SW 184 ST.       |                                 |
| CITY-ST-ZIP    | MIAMI FL 33189        |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | GOODEN-CLARKE, JUDITH |                                 |
| STREET ADDRESS | 9845 SW 184 ST.       |                                 |
| CITY-ST-ZIP    | MIAMI FL 33189        |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Evadne Crooden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/001

Date

Daytime Phone #

CR2E034 (10/00)