

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-11-2001 90449 009 ***150.00

DOCUMENT # P00000032497

1. Entity Name
THE TROPICAL TASTE, INC.

Principal Place of Business Mailing Address
9845 SW 184 ST. **9845 SW 184 ST.**
MIAMI FL 33189 **MIAMI FL 33189**

2. Principal Place of Business <i>9845 SW 184 ST.</i>		3. Mailing Address <i>9845 SW 184 ST.</i>	
Suite, Apt. #, etc. <i>NA</i>		Suite, Apt. #, etc. <i>NA</i>	
City & State <i>Miami Florida</i>		City & State <i>Miami Florida</i>	
Zip <i>33157</i>	Country <i>Dade</i>	Zip <i>33157</i>	Country <i>Dade</i>



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
105-0972680 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* DATE

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D GOODEN, EVADNE 9845 SW 184 ST. MIAMI FL 33189	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D GOODEN-CLARKE, JUDITH 9845 SW 184 ST. MIAMI FL 33189	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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)