

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

DOCUMENT # **P00000047813**



1. Entity Name
J.D.J. TROPICAL INVESTMENTS, INC.

04-28-2003 90992 027 ***150.00

Principal Place of Business Mailing Address
Joceline Bigras
48 SW 12th St
Dania, FL 33004
Joceline Bigras
48 SW 12th St
Dania, FL 33004

11000004



2. Principal Place of Business 3. Mailing Address
Joceline Bigras
48 SW 12th St
Dania, FL 33004
Joceline Bigras
48 SW 12th St
Dania, FL 33004

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1005078** Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BIGRAS, JOCELINE
Joceline Bigras
48 SW 12th St
Dania, FL 33004

7. Name and Address of New Registered Agent
 Name
 Street Address **Joceline Bigras**
48 SW 12th St
Dania, FL 33004
 City **FL** 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 *Joceline Bigras* *JOCELINE BIGRAS* 4-23-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D <input type="checkbox"/> Delete BIGRAS, JOCELINE 48 SW 12th St Dania, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RACICOT, JEAN PAUL 48 SW 12th St Dania, FL 33004
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
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	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition Joceline Bigras 48 SW 12th St Dania, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition Jean Racicot 48 SW 12th St Dania, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition YUAN KEROCK 48 SW 12th St Dania, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NATALIE KEROCK 48 SW 12th St Dania, FL 33004
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: *Joceline Bigras* **SIGNATURE REQUIRED** *JOCELINE BIGRAS* 4-23-03 954649-1850
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)