

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90992 027 \*\*\*150.00

DOCUMENT # P00000047813



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

Principal Place of Business

Mailing Address

Joceline Bigras  
48 SW 12th St  
Dania, FL 33004

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48 SW 12th St  
Dania, FL 33004

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

11000004



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

7. Name and Address of New Registered Agent

BIGRAS, JOCELINE

Joceline Bigras  
48 SW 12th St  
Dania, FL 33004

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  
Signature, typed or printed name of registered agent and title if applicable.

JOCELINE BIGRAS  
(NOTE: Registered Agent signature required when reinstating)

4-23-03  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BIGRAS, JOCELINE	
STREET ADDRESS	48 SW 12th St	
CITY-ST-ZIP	Dania, FL 33004	
TITLE	D	<input type="checkbox"/> Delete
NAME	RACICOT, JEAN PAUL	
STREET ADDRESS	48 SW 12th St	
CITY-ST-ZIP	Dania, FL 33004	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joceline Bigras	
STREET ADDRESS	48 SW 12th St	
CITY-ST-ZIP	Dania, FL 33004	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean Racicot	
STREET ADDRESS	48 SW 12th St	
CITY-ST-ZIP	Dania, FL 33004	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YUAN KEROCK	
STREET ADDRESS	48 SW 12th St	
CITY-ST-ZIP	Dania, FL 33004	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATALIE KEROCK	
STREET ADDRESS	48 SW 12th St	
CITY-ST-ZIP	Dania, FL 33004	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 4-23-03 954649-1850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)