2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90065 029 ***150.00

.DOCUMENT # P00000082098

1. Entity Name
TROPICAL SOUTH DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
~~3739 NW 53RD ST.~~ ~~MIAMI FL 33142~~	~~3739 NW 53RD ST.~~ ~~MIAMI FL 33142~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1177 NW 81 St		P.O. Box 960325	
Suite, Apt. #, etc. Miami - Florida		Suite, Apt. #, etc. Miami Florida	
City & State		City & State	
Zip 33150	Country USA	Zip 33296	Country USA

4. FEI Number 65-1037256 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ENRIQUEZ, PETER
~~3739 NW 53RD ST.~~
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name Peter Enriquez
Street Address (P.O. Box Number is Not Acceptable) 1177 NW 81 St
Miami
City FL Zip Code 33150

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 ________________________
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) ☐

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENRIQUEZ, PETER 3739 NW ~~53RD ST.~~ ~~MIAMI FL 33142~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Peter Enriquez 1177 NW 81 St Miami FL 33150	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: ________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)