

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106051

1. Entity Name
GARY'S TROPICAL, INC.

Principal Place of Business
2728 WASHINGTON STREET
HOLLYWOOD FL 33020

Mailing Address
2728 WASHINGTON STREET
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

64-1055690

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEYES, GARY R
2728 WASHINGTON STREET
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name Gary Keyes 2648 W. 2nd St
C/O Mailing Address Hollywood FL 33020
MITCHELL A. SILVER & CO.
P.O. BOX 223592
HOLLYWOOD, FLORIDA
33022-3592

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE D
NAME KEYES, GARY R
STREET ADDRESS 2728 WASHINGTON STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE D
NAME KRAUSE CONTI, SANDRA
STREET ADDRESS 2728 WASHINGTON STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 15 PM 5:00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

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MITCHELL A. SILVER & CO., P.C.
P.O. BOX 22-3592
HOLLYWOOD, FLORIDA 33022-3592

TELEPHONE (954) 922-0885

FAX (954) 927-8766

SEPTEMBER 25, 2001

DEPARTMENT OF STATE
GARY'S TROPICAL, INC.
#P00000106051

DEAR SIR:

I JUST RECEIVED THIS BILL IN SEPTEMBER AND THIS IS THE FIRST ONE
I HAVE RECEIVED. WHY IS THE TOTAL \$750.00 FOR A YEAR WHEN I OPEN
IN NOVEMBER OF THE LAST YEAR.

ANY HELP WITH THIS I WOULD APPRECIATE.

THANK YOU.

SINCERELY,

Gary Keys
GARY KEYS