

2002.

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000058064

1. Entity Name

TROPICAL PRODUCT WHOLESALE &amp; RETAIL OF SOUTH FLOIRDA, INC.

Principal Place of Business

Mailing Address

1848 NORTH WEST 29th STREET  
OAKLAND PARK, FLOIRDA 33311

SAME

2. Principal Place of Business

1848 NORTH WEST 29th ST.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

OAKLAND PARK, FLORIDA 33311

City &amp; State

SAME

Zip

Country

BROWARD

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PITTER CARL S.  
7447 NORTH WEST 57th STREET  
TAMARAC, FLORIDA 33319

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

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

TITLE	P/	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
		VALENTINE JACKSON	1848 NORTH WEST 29th STREET	OAKLAND, FLORIDA 33311	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

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				<input type="checkbox"/>

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
		TREVOR R. WALLACE	3271 NORTH WEST 103 TERRACE	SUNRISE, FLORIDA 33351		

TITLE	V/P	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
		ERROL G. RITCHIE	2980 PINE STREET	DECATUR, GEORGIA 30030		

TITLE	V/P	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		VALENTINE JACKSON	1848 NORTH WEST 29th STREET	OAKLAND PARK, FLORIDA 33311		

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<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:

X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOVEMBER 1st, 2001

Date

Daytime Phone #

FILED

02 JAN 25 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA