

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

03-31-2002 90344 032 ***150.00

DOCUMENT # P01000Q85095

1. Entity Name
TROPICANA SUPERMARKET CORP.

Principal Place of Business
 816 PLATO AVE.
 ORLANDO FL 32809

Mailing Address
 816 PLATO AVE.
 ORLANDO FL 32809

2. Principal Place of Business

852-C West Lancaster
 Suite, Apt. #, etc.
 C

3. Mailing Address

852-C West Lancaster
 Suite, Apt. #, etc.
 C

City & State

ORLANDO FLORIDA
 Zip 32809
 Country ORANGE

City & State

ORLANDO FLORIDA
 Zip 32809
 Country ORANGE

DO NOT WRITE IN THIS SPACE

59-3740164

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, OSCAR JR
 O. GONZALEZ & ASSOCIATES, P.A.
 1400 N. SEMORAN BLVD., STE. J
 ORLANDO FL 32807

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, 2002 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 D ☒ Delete
NAME RODRIGUEZ, RAYMUNDO A
STREET ADDRESS 816 PLATO AVE.
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Dominga Flaquer ☒ Change ☐ Addition
NAME
STREET ADDRESS 816 Plato Avenue
CITY-ST-ZIP ORLANDO, FLORIDA 32809

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Dominga Flaquer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 19, 2002
 Date

407-227-2483
 Daytime Phone

CR2E034 (9/01)