FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91514 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000085095

1. Entity Name
TROPICANA SUPERMARKET CORP.

10089899

Principal Place of Business
852-C WEST CANCASTER RD. C
ORLANDO, FL 32809

Mailing Address
852-C WEST CANCASTER RD. C
ORLANDO, FL 32809

2. Principal Place of Business: 852-C West Lancaster Rd
Suite, Apt. #, etc.
City & State: Orlando, Fla.
Zip: 32809 Country: Orange

3. Mailing Address: 852-C West Lancaster Rd
Suite, Apt. #, etc.
City & State: Orlando, Fla.
Zip: 32809 Country: Orange

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3740164 | 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: Flaquer, Domingo
Street Address (P.O. Box Number is Not Acceptable): 6679 LK Pembroke Pl
City: Orlando FL Zip Code: 32829

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: [signature] Owner 4-15-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLAQUER, DOMINGO 816 PLATO AVE. ORLANDO, FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Flaquer, Domingo 6679 LK Pembroke Pl Orlando, Fl 32829	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] Owner 4/15/03 407-243-2590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl 32302-1500