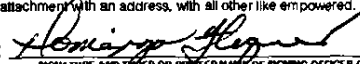


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91514 002 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000085095		
1. Entity Name TROPICANA SUPERMARKET CORP.		
Principal Place of Business 852-C WEST LANCASTER RD. C ORLANDO, FL 32809		Mailing Address 852-C WEST LANCASTER RD. C ORLANDO, FL 32809
2. Principal Place of Business 852-C West Lancaster Rd Suite, Apt. #, etc.		3. Mailing Address 852-C West Lancaster Rd Suite, Apt. #, etc.
City & State Orlando, Fla		City & State Orlando, Fla
Zip 32809		Zip 32809
Country Orange		Country Orange
4. FEI Number 59-3740164		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		7. Name and Address of New Registered Agent
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		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:  Owner		DATE 4-15-03
9. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		10. 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 D NAME FLAQUER, DOMINGO STREET ADDRESS 816 PLATO AVE. CITY-ST-ZIP ORLANDO, FL 32809		TITLE PD NAME Flaquer, Domingo STREET ADDRESS 6679 LK Pembroke Pl CITY-ST-ZIP Orlando, FL 32829
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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:  Owner		DATE 4/15/03 407-243-2590

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