

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

DOCUMENT # P01000092298

1. Entity Name

TROPICAL FRUIT SERVICE, INC.

38134

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

16396 SW 97 Terrace Kendall

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami, FL

City & State

4. FEI Number

65-1140535

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name: Jorge Velez

Street Address (P.O. Box Number is Not Acceptable)  
16396 SW 97 Terrace Kendall

City: Miami

FL

Zip Code

33196

8. The above named entity makes this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of officer or director of corporation and one of registered agent

Signature of registered agent (signature required when changing)

9. This corporation is eligible to satisfy its Intangible Tax Filing requirement and elects to do so.

10. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

**11. OFFICERS AND DIRECTORS**

NAME: Jorge H. Velez  
STREET ADDRESS: 16396 SW 97 Terrace Kendall  
CITY, ST, ZIP: Miami, FL 33196

NAME: Juan C. Escobar  
STREET ADDRESS: 15140 SW 104 Street #302  
CITY, ST, ZIP: Miami FL 33196

NAME: Gloria P. Campo  
STREET ADDRESS: 16396 SW 97 Terrace Kendall  
CITY, ST, ZIP: Miami FL 33196

NAME: Luis Restrepo  
STREET ADDRESS: 16396 SW 97 Terrace Kendall  
CITY, ST, ZIP: Miami, FL 33196

NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY, ST, ZIP: [Blank]

NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY, ST, ZIP: [Blank]

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(b), 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 on an attachment with an address, with all other fee empowers.

SIGNATURE:

Signature and Title of Registered Agent or Current Officer or Director

04-30-02

305.7993549



P01000092298

38134

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

May 29, 2002

TROPICAL FRUIT SERVICE, INC.  
16396 SW 97 TERRACE KENDALL  
MIAMI, FL 33196

Subject: TROPICAL FRUIT SERVICE, INC.

Reference Number: P01000092298

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314