

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90196 031 ***150.00

DOCUMENT # P02000117815

1. Entity Name
FRUIT TROPICAL, CORP.



Principal Place of Business
**3851 SW 160TH AVENUE
#202
MIRAMAR FL 33027**

Mailing Address
**3851 SW 160TH AVENUE
#202
MIRAMAR FL 33027**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

562303886

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARDENAS, LUIS A.
3851 SW 160TH AVENUE
#202
MIRAMAR FL 33027**

Name

LUIS A. SANCHEZ

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

3851 SW 160TH AVE #202

City

MIRAMAR

FL

Zip Code

33027

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26-03

**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 **PD** ☒ Delete
NAME **CARDENAS, LUIS A**
STREET ADDRESS **3851 SW 160TH AVENUE #202**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **PD** ☐ Change ☒ Addition
NAME **SANCHEZ, LUIS A.**
STREET ADDRESS **3851 SW 160TH AVE #202**
CITY-ST-ZIP **MIRAMAR, FL 33027.**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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: **X**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-03 (901) 438-7232

Date

Daytime Phone #

CR2E034 (10/02)