

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

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90267 043 ***150.00

DOCUMENT # *P03 000006476*

1. Entity Name

*GME TROPICAL FRUITS
d/b/a Trail Mix Ranch*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4710 Windmill Point Ln.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Loxahatchee, Florida

City & State

FL

Zip

33470

Country

PRC.

Zip

FL

Country

FL

4. FEI Number

45-0497796

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CHARLOTTE GOMES

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

4710 WINDMILL POINT LN.

LOXAHATCHEE, FL. 33470

City

FL

Zip Code

33470

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

Charlotte P. Gomes

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P/T GERRARD GOMES 4710 WINDMILL POINT LN. LOXAHATCHEE, FL. 33470</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V/S CHARLOTTE GOMES 4710 WINDMILL POINT LN. LOXAHATCHEE, FLORIDA 33470</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that a 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLOTTE P. GOMES

Date

Daytime Phone #

*(561)
795-5443*

CR2E034B (12/02)