

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

0131108 AT

DOCUMENT # P94000072441

1. Entity Name
C-BRAND TROPICALS, INC.



08-21-2003 90111 031 ***550.00

Principal Place of Business
**23700 S. DIXIE HWY
MIAMI FL 33032**

Mailing Address
**P.O. BOX 700248
GOULDS FL 33170-0248**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0523613**

Applied For
☐ Not Applicable

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

**SCHAEFER, WILLIAM
23700 S. DIXIE HWY
MIAMI FL 33032**

Name **MICHAEL VANDERBEEK**

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

23700 S DIXIE HWY

City **MIAMI**

FL

Zip Code **33032**

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

8/19/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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
**PD
SCHAEFER, WILLIAM
23700 S. DIXIE HWY
MIAMI FL 33032** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
PETER LEIFERMAN
29801 SW 184TH CT
HOMESTEAD FL 33030** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
COUTURE, CHRISTOPHER
30650 QUEBEC AVE
KETTLEMAN CITY CA 93239** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPTD
MIKE VANDERBEEK
27051 SW 155TH AVE
HOMESTEAD FL 33032** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
COUTURE, STEPHEN
30650 QUEBEC AVE
KETTLEMAN CITY CA 93239** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COUTURE, WILLIAM P
30650 QUEBEC AVE
KETTLEMAN CITY CA 93239** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
VANDERBEEK, MICHAEL
27051 S.W. 155 AVE.
HOMESTEAD FL 33033** ☐ 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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/03

Date

(305) 258-1444

Daytime Phone #

CR2E034 (4/03)