

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000084571

1. Entity Name

JAY-RAY TROPICAL FARMS, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90017 020 \*\*\*150.00

Principal Place of Business 19110 SW 177 AVE #111 MIAMI FL 33187 US	Mailing Address 19110 SW 177 AV #111 MIAMI FL 33187-2004 US
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2. Principal Place of Business 16895 SW 208 Street Suite, Apt. #, etc.	3. Mailing Address 16895 SW 208 Street Suite, Apt. #, etc.
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City & State Miami, Florida Zip 33187 Country USA	City & State Miami, Florida Zip 33187 Country USA
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4. FEI Number 65-0536653	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KINDER, LESLIE A  
19110 SW 177 AVENUE  
#111  
MIAMI FL 33187

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
16896 SW 208 Street  
City Miami FL Zip Code 33187

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KINDER, CYNTHIA			NAME			
STREET ADDRESS	19110 SW 177 AVE #111			STREET ADDRESS	16895 SW 208 Street		
CITY-ST-ZIP	MIAMI FL 33187			CITY-ST-ZIP	Miami, Florida 33187		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KINDER, LESLIE A			NAME			
STREET ADDRESS	19110 SW 177 AVE #111			STREET ADDRESS	16895 SW 208 Street		
CITY-ST-ZIP	MIAMI FL 33187			CITY-ST-ZIP	Miami, Florida 33187		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

14 Feb 2000 305 238 9580

CR2E034 (9/99)