

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90220 027 ***150.00

DOCUMENT # P96000005752

1. Entity Name

AMERICAN TROPICAL PRODUCE, INC.

Principal Place of Business

Mailing Address

9098 N.W. 112TH TERRACE
 MIAMI FL 33016

9098 N.W. 112TH TERRACE
 MIAMI FL 33018-4583

2. Principal Place of Business

16925 W Okeechobee RD

3. Mailing Address

16925 W Okeechobee RD

Suite, Apt. #, etc.

UNIT 102

Suite, Apt. #, etc.

Unit 102

City & State

Hialeah Gardens, FL.

City & State

Hialeah Gardens, FL.

Zip

Country

33018 USA

Zip

Country

33018 USA

4. FEI Number

65-0635648

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

MARTINEZ, ANDY
 8360 W. FLAGLER ST.
 SUITE 205
 MIAMI FL 33016

Name

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

City

FL

Zip Code

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

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

(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
NAME	GARCIA, SILVIO J	
STREET ADDRESS	9098 N.W. 112TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, IRENE	
STREET ADDRESS	9098 N.W. 112TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/2000 305-698-0557

CR2E034 (9/99)