FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90172 049 ***150.00

DOCUMENT # P97000049194

1. Entity Name
ZOE'S TROPICALS, INC

DO NOT WRITE IN THIS SPACE

90032302

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
21400 SW 228 ST.	21150 SW 232 ND ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI FL
Zip: 33170 Country: MIA-DADE	Zip: 33170 Country: MIA-DADE

4. FEI Number: 65-0810588 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: WILLIAM H. GRAVITT
Street Address (P.O. Box Number is Not Acceptable): 21150 SW 232 ND ST.
City: MIAMI FL Zip Code: 33170

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT
NAME	WILLIAM H. GRAVITT
STREET ADDRESS	21150 SW 232 ND ST.
CITY-ST-ZIP	MIAMI FL. 33170
TITLE	VP-SEC-TR
NAME	ZOE GRAVITT
STREET ADDRESS	21150 SW 232 ND ST
CITY-ST-ZIP	MIAMI FL 33170
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: William H. Gravitt PRESIDENT 2/19/2003 305 242 9259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #