

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

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90286 044 \*\*\*150.00

**DOCUMENT #** P98000000241

1. Entity Name

TROPICAL TRIBUNE PUBLISHERS & DISTRIBUTORS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1268 Biscaya Drive

3. Mailing Address

Suite, Apt. #, etc.  
Surfside, FL

Suite, Apt. #, etc.

City & State

33154

USA

City & State

Zip

Country

Zip

Country

4. FEI Number  
65-0802249

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
SMITH, Linda M Esq.

Street Address (P.O. Box Number is Not Acceptable)  
11900 Biscayne Blvd.

Suite 503

City Miami

FL

Zip Code  
33181

**DO NOT WRITE  
IN THIS SPACE**

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

*Linda M Smith*

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

(NOTE: Registered Agent Signature required when reinstating)

4/29/02

DATE

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

January 1st Fee is \$150.00

After May 1st Fee is \$550.00

Amended UBR is \$81.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
CHETTY, RADHA  
1268 Biscaya Drive  
Surfside, FL 33154

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
KESAVALU, VANISHREE  
1268 Biscaya Drive  
Surfside, FL 33154

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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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

**SIGNATURE:** Radha Chetty, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/02 (305) 868-9118

Date

Daytime Phone #

CR2E034B (12/01)