FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90091 019 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068345

1. Entity Name
TROPICAL PLANT PRODUCERS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
18881 S.W.29TH COURT		18881 S.W. 29TH CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State: MIRAMAR FL		City & State: MIRAMAR FLORIDA.	
Zip: 33029	Country: U.S.A.	Zip: 33029	Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0877129 ☐ 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: JOSE DEL RIO
Street Address (P.O. Box Number is Not Acceptable): 18881 S.W. 29TH COURT
City: MIRAMAR FL Zip Code: 33029

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

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PTD	TITLE	
NAME	JOSE DEL RIO	NAME	
STREET ADDRESS	18881 S.W. 29TH COURT	STREET ADDRESS	
CITY-ST-ZIP	MARIMAR FLORIDA. 33029	CITY-ST-ZIP	
TITLE	SVD	TITLE	
NAME	BEATRIZ DEL RIO	NAME	
STREET ADDRESS	18881 S.W. 29TH COURT	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FLORIDA. 33039	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE 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: (PRESIDENT) 03/20/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #