

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000100149**

1. Entity Name  
**TROPICAL JUICES & PAPER DISTRIBUTORS, INC.**



**FILED  
Feb 21, 2003 8:00 am  
Secretary of State**

02-21-2003 90840 005 \*\*\*150.00

Principal Place of Business  
**400 KINGS POINT DRIVE  
SUITE 1405  
N MIAMI BEACH FL 33180**

Mailing Address  
**400 KINGS POINT DRIVE  
SUITE 1405  
N MIAMI BEACH FL 33180**

2. Principal Place of Business  
**3420 W. Hallandale Bch Blvd**

Suite, Apt. #, etc.

3. Mailing Address  
**3420 W. Hallandale Bch Blvd.**

Suite, Apt. #, etc.

City & State  
**Pembroke Park, FL**

City & State  
**Pembroke Park, FL**

Zip  
**33023-5731**

Zip  
**33023-5731**

Country  
**Broward**

Country  
**Broward**

4. FEI Number **65-0878303**  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MOSCOVITCH, AARON  
3420 W HALLANDALE BEACH BLVD  
HOLLYWOOD FL 33023 Pembroke Park FL 33023**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
MOSCOVITCH, AARON  
3420 W HALLANDALE BEACH BLVD  
PEMBROKE PARK FL 33023**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**STD  
MOSCOVITCH, STEVE  
3420 W HALLANDALE BEACH BLVD  
PEMBROKE PARK FL 33023**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE: **UNATLNE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/18/03**

Date

Daytime Phone #

CR2E034 (10/02)

2003-2004  
AV