

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

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

027229A AV

**DOCUMENT # P98000100149**

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



Principal Place of Business  
**400 KINGS POINT DRIVE  
SUITE 1405  
N MIAMI BEACH FL 33100**

Mailing Address  
**400 KINGS POINT DRIVE  
SUITE 1405  
N MIAMI BEACH FL 33160**



2. Principal Place of Business

**3420 W. Hallandale Bch Blvd**

Suite, Apt. #, etc.

3. Mailing Address

**3420 W. Hallandale Bch Blvd**

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**Pembroke Park, FL**

City & State

**Pembroke Park, FL**

4. FEI Number **65-0878303**

Applied For

Not Applicable

Zip

**33023-5731**

Country

**Broward**

Zip

**33023-5731**

Country

**Broward**

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 **PD** ☐ Delete  
NAME **MOSCOVITCH, AARON**  
STREET ADDRESS **3420 W HALLANDALE BEACH BLVD**  
CITY-ST-ZIP **PEMBROKE PARK FL 33023**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD** ☐ Delete  
NAME **MOSCOVITCH, STEVE**  
STREET ADDRESS **3420 W HALLANDALE BEACH BLVD**  
CITY-ST-ZIP **PEMBROKE PARK FL 33023**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
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:

**SIGNATURE REQUIRED**

**2/18/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)