

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003588

1. Entity Name  
TROPICAL PRODUCE INC.

Principal Place of Business  
9401 NW 4TH STREET  
PEMBROKE PINES, FL. 33084

Mailing Address  
9401 NW 4TH STREET  
PEMBROKE PINES, FL. 33024

FILED  
Feb 22, 2000 8:00 am  
Secretary of State  
02-22-2000 90055 025 \*\*\*150.00

2. Principal Place of Business  
2151 NW 13TH AVE.  
Suite, Apt. #, etc.  
BAYS NO. 33 & 34  
City & State  
MIAMI, FL.  
Zip  
33142  
Country  
U.S.A.

3. Mailing Address  
5420 SW 161 PL.  
Suite, Apt. #, etc.  
-  
City & State  
MIAMI, FL.  
Zip  
33142  
Country  
U.S.A.

B0024026

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0891908  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
WILLIAM BORDEN  
9401 NW 4TH STREET  
PEMBROKE PINES, FL. 33024

7. Name and Address of New Registered Agent  
Name  
GERARDO RODRIGUEZ  
Street Address (P.O. Box Number is Not Acceptable)  
5420 SW 161 PL.  
City  
MIAMI  
FL  
Zip Code  
33142

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

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

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P	WILLIAM BORDEN 9401 NW 4TH STREET PEMBROKE PINES, FL. 33024	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P GERARDO RODRIGUEZ 5420 SW 161 PL. MIAMI, FL. 33142
S	MAROLIE BORDEN 9401 NW 4TH STREET PEMBROKE PINES, FL. 33024	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gerardo R Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)