

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

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90758 003 ***150.00

DOCUMENT # *P990000014870*

1. Entity Name
IDEAL TROPICAL FOODS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14208 N.W. 7th AVE.

Suite, Apt. #, etc.
MIAMI FL 33168

3. Mailing Address
P.O. BOX 3112

Suite, Apt. #, etc.

City & State
MIAMI

City & State
MIAMI FL

Zip
33168

Country

Zip
33269

Country

4. FEI Number
65-0896194

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
VINCENT I. OGBUEFI

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

2901 CYPRESS AVE

City
MIRAMER

FL

Zip Code
33025

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

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) ☐

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*PRESIDENT
VINCENT I. OGBUEFI
2901 CYPRESS AVE.
MIRAMER FL 33025*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*SECRETARY
PATIENCE N. OGBUEFI
2901 CYPRESS AVE.
MIRAMER FL 33025*

TITLE
NAME
STREET ADDRESS
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:

Vincent I. Ogbuefi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/02
Date

Daytime Phone #

CR2E034B (12/01)

Attachment 828598
1 DEAL TROPICAL #P900001487c
FOODS INC.

No changes
on the record.

thank

J. Ogline

\$150.00 enclosed.