

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049036

1. Entity Name

TROPICAL DELIGHTS, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90993 006 \*\*\*150.00

Principal Place of Business

201 CRANDON BLVD #428  
KEY BISCAYNE FL 33149

Mailing Address

201 CRANDON BLVD #428  
KEY BISCAYNE FL 33149-1520

2. Principal Place of Business

2525 SW 3rd AV.

3. Mailing Address

2525 SW 3rd AV.

Suite, Apt. #, etc.

#204

Suite, Apt. #, etc.

Suite #204

City & State,

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33129

Country

US

Zip

33129

Country

US

4. FEI Number

65-0924018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, VICTOR  
201 CRANDON BLVD #428  
KEY BISCAYNE FL 33149

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.

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) ☐

**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

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME GARCIA, VICTOR  
STREET ADDRESS 201 CRANDON BLVD #428  
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE VD ☐ Delete  
NAME GARCIA, JOSE  
STREET ADDRESS 201 CRANDON BLVD #428  
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE VD ☐ Delete  
NAME CAMPO, CARLOS  
STREET ADDRESS 201 CRANDON BLVD #428  
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR GARCIA April 26/00 305 263100

Date

Daytime Phone #

CD00024 (0/000)