

02-03  
**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # 990000063566

1. Entity Name

Tropic Juices Inc.



03 JAN 24 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

200010690442  
01/24/03--01024--002 \*\*300.00

2. Principal Place of Business

13116 SW 128 st

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

4. FEI Number

65-0934006

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

IVAN Linton

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

13116 SW 128 st

City

Miami

FL

Zip

33186

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD Linton, IVAN  
13116 SW 128 st  
Miami FL 33186

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/02)

# Tropic Juices

13116 S.W. 128 Street • Miami, FL 33186

Tel: (305) 232-3267 • Fax: (305) 232-3269

1/22/03.

Uniform Business Regist.  
Division of Corporations -  
P.O. Box 1500 -  
Tallahassee FL 32302

To Whom it May Concern.

This letter is to inform you that I did not receive the annual report forms for the years 2002 and 2003 and I am requesting that the late fees be waived.

Enclosed please find checks for Three Hundred dollars. ~~to~~ reactivate my company in your data file.

Respectively Yours.

Wan/into (President)



Natural Jamaican Drinks