

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000090821**

1. Entity Name

**TROPICAL JUGOS & FRUTAS, INC.**

Principal Place of Business

2349-2351 WEST 52ND ST.  
HIALEAH FL 33016

Mailing Address

2349-2351 WEST 52ND ST.  
HIALEAH FL 33016

2. Principal Place of Business

3. Mailing Address

4050 SW 146TH Ave.

4050 SW 146TH Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Miramar Florida

City &amp; State

Miramar, Florida

Zip

33027

Country

Drower

Zip

33027

Country

Drower.

4. FEI Number

65-0954695

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BAQUERO, MOISES  
4050 SW 146TH AVE.  
MIRAMAR FL 33027

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, 2001 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               | <input type="checkbox"/> Delete |
| NAME            | BAQUERO, MOISES  |                                 |
| STREET ADDRESS  | 4050 SW 146 AVE. |                                 |
| CITY - ST - ZIP | MIRAMAR FL 33027 |                                 |
| TITLE           |                  | <input type="checkbox"/> Delete |
| NAME            |                  |                                 |
| STREET ADDRESS  |                  |                                 |
| CITY - ST - ZIP |                  |                                 |
| TITLE           |                  | <input type="checkbox"/> Delete |
| NAME            |                  |                                 |
| STREET ADDRESS  |                  |                                 |
| CITY - ST - ZIP |                  |                                 |
| TITLE           |                  | <input type="checkbox"/> Delete |
| NAME            |                  |                                 |
| STREET ADDRESS  |                  |                                 |
| CITY - ST - ZIP |                  |                                 |
| TITLE           |                  | <input type="checkbox"/> Delete |
| NAME            |                  |                                 |
| STREET ADDRESS  |                  |                                 |
| CITY - ST - ZIP |                  |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |   |
|-----------------|---|
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90028 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0615590

CR2E034 (10/00)