

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109625

1. Entity Name

TROPICAL FRESH TILAPIA, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90009 005 \*\*\*150.00

Principal Place of Business Mailing Address  
155 SOUTH MIAMI AVENUE, SUITE PH-1 155 SOUTH MIAMI AVENUE, SUITE PH-1  
MIAMI FL 33130 MIAMI FL 33130

2. Principal Place of Business 3. Mailing Address  
2 Alhambra Plaza 2 Alhambra Plaza

Suite, Apt. #, etc. Suite, Apt. #, etc.  
Suite 802 Suite 802

City & State City & State  
Coral Gables, FL Coral Gables, FL

Zip Country Zip Country  
33134 USA 33134 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HYMAN, BETTY ESQ  
155 SOUTH MIAMI AVENUE, SUITE PH-1  
MIAMI FL 33130

Name Betty Hyman, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
2 Alhambra Plaza, Suite 802  
City Coral Gables FL Zip Code 33134

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 Betty Hyman, Betty Hyman, Esq. DATE 4/14/00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	GAD, SAMUEL	
STREET ADDRESS	155 SOUTH MIAMI AVENUE, SUITE PH-1	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input type="checkbox"/> Delete
NAME	OREN, HANON	
STREET ADDRESS	155 SOUTH MIAMI AVENUE, SUITE PH-1	
CITY-ST-ZIP	MIAMI FL 33130	
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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gad, Samuel	
STREET ADDRESS	2 Alhambra Plaza, Suite 802	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oren, Hanon	
STREET ADDRESS	2 Alhambra Plaza, Suite 802	
CITY-ST-ZIP	Coral Gables, FL 33134	
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

Sam Gad

4/14/00

Date

305-461-2330

Daytime Phone #

CR2E034 (9/99)