

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90165 011 \*\*\*150.00

DOCUMENT # S77000

1. Entity Name

FARM FRESH TROPICALS

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

22445 S.W. 264 ST.

Suite, Apt. #, etc.

3. Mailing Address

FARM FRESH TROPICALS

Suite, Apt. #, etc.

22445 S.W. 264 ST.

City & State

MIAMI, FL

City & State

HOMESTEAD FLORIDA

Zip

33030

Country

USA

Zip

33030

Country

USA

4. FEI Number

590255779

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

PROBINSKY, BRENT L.

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

9350 S DIXIE HWY STE 940

City

MIAMI

FL

Zip Code

33156

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

D  
ROY, MEENA  
22445 S.W. 264 ST.  
MIAMI, FL 33030

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
JAGROOP, BASDEO  
22445 S.W. 264 ST.  
MIAMI, FL 33030

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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: *Meena Roy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 22-02*  
Date Daytime Phone #