

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S92513

1. Entity Name

TROPIFOODS CORPORATION

Principal Place of Business Mailing Address
 9805 NW. 52 St. Apt. 419 9805 NW. 52 St. Apt. 419
 Miami, Fl 33178 Miami, Fl 33178

C0053216

2. Principal Place of Business		3. Mailing Address		4. FEI Number		5. Indicate of Status Desired	
State, Apt #, etc.		State, Apt #, etc.		59-2302385		<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LOPEZ, ROBERTO C. 9805 NW 52 ST. Apt.# 419 Miami, Fl 33178				Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code			

8. This document has a filing fee. This statement is for the purpose of changing its registered office or registered agent in the State of Florida.

9. To add, delete or change a director, officer, or shareholder, please refer to the Department of State website. **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		12. CHANGES TO OFFICERS AND DIRECTORS	
TITLE: <input checked="" type="checkbox"/> Delete NAME: LOPEZ, ROBERTO C. STREET ADDRESS: 9805 N.W. 52 St. Apt.# 419 CITY-STATE-ZIP: Miami, Fl 33178	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:
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15. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(ii), Florida Statutes. I further certify that the information provided in this report or supplemental report is true and accurate and that my signature hereon has 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 of this report with an address with all of the following:

SIGNATURE: *Robert Lopez*

2/26/00 6/2/00