

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L58873**

1. Entity Name

TROPICAL AUTO TRANSPORT, INC. Change to:
JULIO PRIETO ENTERPRISES, INC.

Principal Place of Business

13342 SW 26TH TERR
MIAMI FL 33175

Mailing Address

13342 SW 26TH TERR
MIAMI FL 33175-7173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0181899

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

RODRIGUEZ, MINERVINO
815 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

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, 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PRIETO, JULIO J. 1149 SW 27TH AVE #203 MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90075 048 ***150.00

049103



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

L58873

829103

Noemi

12/30/99 CORPORATE DETAIL RECORD SCREEN 10:06 AM
NUM: L58873 ST:FL ACTIVE/FL PROFIT FLD: 03/21/1990
LAST: NAME CHANGE AMENDMENT FLD: 12/16/1999
FEI#: 65-0181899
NAME : JULIO PRIETO ENTERPRISES, INC.
NH: 1
PRINCIPAL: 13342 SW 26TH TERR CHANGE: 06/25/91
ADDRESS MIAMI, FL 33175
RA NAME : RODRIGUEZ, MINERVINO NAME CHG: 07/01/93
RA ADDR : 815 PONCE DE LEON BLVD. ADDR CHG: 07/01/93
CORAL GABLES, FL 33134 US
ANN REP : (1997) BY 02/27/97 (1998) BY 05/01/98 (1999) AY 04/19/99

12/30/99 OFFICER/DIRECTOR DETAIL SCREEN 10:06 AM
CORP NUMBER: L58873 CORP NAME: JULIO PRIETO ENTERPRISES, INC.
TITLE: DPT NAME: PRIETO, JULIO J.
1149 SW 27TH AVE #203
MIAMI, FL

----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT -----