

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2002 8:00 am**  
**Secretary of State**

08-08-2002 90091 027 \*\*\*150.00

**DOCUMENT # P92000002505**

1. Entity Name  
**CORTE TROPICAL UNISEX, INC.**

Principal Place of Business

~~1641 W. FLAGLER ST.~~  
**MIAMI FL 33135**

Mailing Address

~~1641 W. FLAGLER ST.~~  
**MIAMI FL 33135**

2. Principal Place of Business

**1639 W. FLAGLER ST.**  
 Suite, Apt. #, etc.

3. Mailing Address

**1639 W. FLAGLER ST.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FL.**

Zip **33135** Country **MIAMI DADE**

City & State  
**MIAMI, FL.**

Zip **33135** Country **MIAMI DADE**

4. FEI Number **65-0367619**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GOMEZ, VIRGENSA V**  
~~1641 W. FLAGLER ST.~~  
**MIAM FL 33135**

7. Name and Address of New Registered Agent

Name **GOMEZ VIRGENSA V.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1639 W. FLAGLER ST.**  
 City **MIAMI, FL** Zip Code **33135**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE \_\_\_\_\_  
Signature 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GOMEZ, VIRGENSA V</b><br><del>1641 W. FLAGLER ST.</del><br><b>MIAMI FL 33135</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GOMEZ VIRGENSA V.</b><br><b>1639 W. FLAGLER ST.</b><br><b>MIAMI, FL 33135.</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 #

CR2E034 (4/02)

# Attachment

Miami, FL. 07/26/02

REF.: Corte Tropical UNISEX Inc.

Doc. # P92000002505

U.B.E. 2002.

123874

GENTLEMEN:

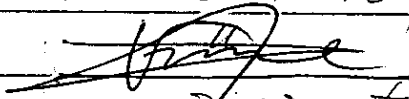
I AM ASKING FOR YOU TO ACCEPT MY  
PAYMENT OF 4.5\$150.00 BEING LATE THIS TIME  
BECAUSE THE ORIGINAL REPORT I NEVER RECEIVED.  
IT WAS PROBABLY SENT TO A WRONG ADDRESS  
THAT APPEARS ON THE REPORT. THE RIGHT ADDRESS  
IS BEING CHANGED ON THE REPORT.

THE REASON FOR WHAT I'M ASKING FOR  
YOU TO ACCEPT 150.00 IS <sup>THAT</sup> MY BUSINESS IS A  
SMALL BUSINESS AND IT CANNOT AFFORD TO  
PAY 550.00 AS CHARGED IN REPORT.

FORMERS PAYMENTS ARE ALWAYS PAID ON  
TIME.

I'M THANKING YOU FOR THIS COOPERATION  
WITH MY BUSINESS ACCEPTING MY PAYMENT  
OF \$150.00.

Sincerely

  
PRESIDENT