

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90262 008 ****61.25

DOCUMENT # N02000001664

1. Entity Name
GRUPO TROPIC'S INC.



Principal Place of Business
**1501 NE 167TH STREET
NORTH MIAMI BEACH FL 33162**

Mailing Address
**1501 NE 167TH STREET
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

57-1136959

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CASTILLO, ALFREDO
1501 NE 167TH STREET
NORTH MIAMI FL 33162**

Name **JUAN CASTILLO**

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

1501 NE 167 ST

City **NORTH MIAMI BEACH**

FL

Zip Code **33162**

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

[Signature]

JUAN CASTILLO

4/29/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **CASTILLO, JUAN**
STREET ADDRESS **1501 NE 167TH STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33162**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ABREU, PEDRO**
STREET ADDRESS **1501 NE 167TH STREET**
CITY-ST-ZIP **NORTH MIAMI FL 33162**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CASTILLO, ANA**
STREET ADDRESS **1501 NE 167TH STREET**
CITY-ST-ZIP **NORTH MIAMI FL 33162**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **CASTILLO, ALFREDO**
STREET ADDRESS **1501 NE 167TH STREET**
CITY-ST-ZIP **NORTH MIAMI FL 33162**

TITLE ☐ Change ☒ Addition
NAME **ISRAEL A/VAREZ**
STREET ADDRESS
CITY-ST-ZIP **Sen e**

TITLE **D** ☐ Delete
NAME **INFANTE, CARMELO**
STREET ADDRESS **1501 NE 167TH STREET**
CITY-ST-ZIP **NORTH MIAMI FL 33167**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]
NOTARY REQUIRED

4/29/03

CR2E037 (10/02)