2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 313480

Entity Name

TROPICAL PLASTICS CORP

Principal Place of Business

SEVERO L MARQUEZ
4242 EAST 11TH AVE
HIALFAH FL 33013

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

City & State

Tip Country

Mailing Address

Severo L MARQUEZ
PO BOX 3400
HALEAH FL 33013-0400
US

Severo L MARQUEZ
PO BOX 3400
HIALEAH FL 33013-0400
US

City & State

City & State

Country

FILED May 02, 2000 8:00 am Secretary of State

05-02-2000 90029 015 ***150.00



Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State) INDERNO KARA INDON KIKI BIRDA KARA BARA BARA BARA BARA BARA BARA BAR		
				DO NOT WRITE IN THIS SPACE		
				4. FEI Number 59-1159078	Applied For Not Applicable	
Zip	Country	Zip	Country		8.75 Additional see Required	
	6. Name and Address of Current Re	gistered Agent	····	7. Name and Address of New Registered Ag	jent	
			Name	<u> </u>		
MARQUEZ,SEVERO L 4248 EAST 11TH AVENUE HIALEAH FL 33013			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code	
SIGNATURE	named entity submits this statement for th		registered office or regis E. Registered Agent signature requ	tered agent, or both, in the State of Florida.		
	Signature, typed or printed name of registered agent and	title if applicable. (NU)	E. Hegistered Agent signature requ	ired when reinstating)		
			!!! FEE IS \$150.00 100 Fee will be \$550.00 ble to Department of S		\$5.00 May Be Added to Fees	
11.	OFFICERS AND DIF	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MARQUEZ,SEVERO L 291 WEST 49TH STREET HIALEAH FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD MARQUEZ,BARBARA 291 WEST 49TH STREET HIALEAH FL	☐ Delete	`TITÏE NAME 'STREET ADDRESS CITY-ST-ZIP		Change Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	sertify that the information supplied with th	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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

Maguel Devero La Marque SIGNATURE AND PRED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

April 24-00

698-6292

Daytime Phone #