2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

FILED DOCUMENT # F37012 Mar 02, 2000 8:00 am **Secretary of State** TROPIC FLOWERS, INC. 03-02-2000 90177 001 ***150.00 Principal Place of Business Mailing Address 1410 NW 82 AVENUE 1410 NW 82 AVENUE MIAMI FL 33126-1508 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2096924 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOTOLONGO, LUIS H Street Address Avenue 7100 N.W. 12 ST. SUITE 108 **MIAMI FL 33126** حاکلات عاکارکٹ 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. M Addition **PSD** Delete TITLE TITLE Cecilla Bastista NAME HERNANDO BAUTISTA NAME 34 E8 WH 0141 STREET ADDRESS STREET ADDRESS 1410 NW 82 AVENUE CITY-ST-ZIP Hlami, Pl CITY-ST-ZIP **MIAMI FL 33126** ☐ Addition Change TITLE Delete TITLE NAME ANA DUARTE NAME STREET ADDRESS STREET ADDRESS 1410 NW 82 AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** Change [] Addition TITLE S ____ ☐ Delete TITLE serto Morinido NAME NORBERTO MORINIGO NAME SYA SO WH OLL STREET ADDRESS 9020 SW 125TH AVE #404 STREET ADDRESS liami, Fl 33126 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

SIGNING OFFICER OR DIRECTOR