

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90011 040 ***550.00

DOCUMENT # F37012

1. Entity Name
TROPIC FLOWERS, INC.

Principal Place of Business

**1410 NW 82 AVENUE
 MIAMI FL 33126**

Mailing Address

**1410 NW 82 AVENUE
 MIAMI FL 33126**

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

59-2096924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MORINIGO, NORBERTO
 9020 SW 125 AVE
 #404
 MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name **Jaqueline Hernandez-Valdes, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
2474 SW 27th Terrace
 City **Miami** FL Zip Code **33133**

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 \$550.00
After September 12, 2001 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 **PSD** ☐ Delete
 NAME **HERNANDO BAUTISTA**
 STREET ADDRESS **1410 NW 82 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **VT** ☐ Delete
 NAME **BAUTISTA, CECILIA**
 STREET ADDRESS **1410 NW 82 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **S** ☒ Delete ☐ Change ☐ Addition
 NAME **NORBERTO MORINIGO**
 STREET ADDRESS **1410 NW 82 AVE**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **S** ☒ Change ☐ Addition
 NAME **Anabel Morales**
 STREET ADDRESS **1410 NW 82 Ave.**
 CITY-ST-ZIP **Miami, FL 33126**

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

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

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

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

9/11/01

Date

(305) 591-8726

Daytime Phone #

CR2E034 (5/01)