

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State
 03-23-2001 90023 024 ***150.00

0243103

DOCUMENT # K48290

1. Entity Name
TROPIKAR SALES, INC.

Principal Place of Business Mailing Address
~~735 NE 1 AVE~~ ~~735 NE 1 AVE~~
~~FT. LAUDERDALE FL 33304~~ ~~FT. LAUDERDALE FL 33304~~

D0062361



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
826A NE 1 AVE **SAME.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Fort Laud. **FLA.**
 Zip Country Zip Country
33304 **Broward** **33304** **Broward**

4. FEI Number Applied For
65-0082786 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FERNANDEZ, MANUEL JR.
~~735 NE 1 AVE~~
FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
826A NE 1 AVE
 City Zip Code
Fort Lauderdale FL **33304**

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PVS	FERNANDEZ, MANUEL JR.	4113 MANDARIN ISLE	FT. LAUDERDALE FL	<input type="checkbox"/>
TD	FERNANDEZ, MANUEL JR.	1113 MANDARIN ISLE	FT. LAUDERDALE FL	<input type="checkbox"/>
S	LOURDES, FERNANDEZ	4113 MANDARIN ISLE	FT LAUDERDALE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1322 Avocado Isle	FT. LAUD. FLA 33315	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1322 Avocado Isle	FT LAUD FLA 33315	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1322 Avocado Isle	FT LAUD FLA 33315	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 powers.

SIGNATURE: Pres 3-20-2001 954-763-3740
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)