2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91512 001 ***150.00

DOCUMENT # K81328

1. Entity Name
TROPIGALA BANQUET HALL AND CLUB, CORP

Principal Place of Business	Mailing Address
10550 NW 77TH CT HIALEAH GARDENS FL 33015	6701 AUGUSTA DRIVE MIAMI FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	8220 N.W. 172nd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Hialeah Fl
Zip / Country	Zip: 33015 / Country: USA

4. FEI Number 65-0223126 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MOREIRAS, ARLIYE (N)
8220 NW 172ND STREET
MIAMI FL 33015

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P NAME: MOREIRAS, ARLIYE STREET ADDRESS: 8202 NW 172ND STREET CITY-ST-ZIP: MIAMI FL 33015	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: ST NAME: MOREIRAS, ARLINE STREET ADDRESS: 8220 N.W. 172ND STREET CITY-ST-ZIP: MIAMI FL 33015	☐ Delete	TITLE: President NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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] Arline Moreiras 4-17-02 305-825-9310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #