

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 27 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015380

1. Entity Name

EL TROPICO LLC

Principal Place of Business

Mailing Address

8391 N.W. 12th Street
Miami, Florida 33126

2665 South Bayshore Drive
Suite 703
Miami, Florida 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1062823

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

World Corporate Services, Inc.
2665 South Bayshore Drive, Suite 703
Miami, Florida 33133

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

Mitchell S. Polansky, VP

3-23-01

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Gutierrez, Eduardo
8391 N.W. 12th Street
Miami, Florida 33126 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition
800004193808-7
-05/10/01--01102--017
*****50.00--*****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:



Eduardo Gutierrez

(305) 418-4282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)