## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L68634

1. Entity Name

TROPICAL AUTO	SALES OF HIA	LEAH, INC.								
Principal Place of Business % MIRTHA RODRIGUEZ 578 E. 9TH ST. HIALEAH FL 33010		Mailing Address % MIRTHA RODRIGUEZ 578 E. 9TH ST. HIALEAH FL 33010	% MIRTHA RODRIGUEZ 578 E. 9TH ST.							
2. Principal Place of Busi	iness	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. F	El Number 65-0188207			ied For Applicable	
Zip	Country	Zip	Country		5. 0	5. Certificate of Status Desired Sa.75 Additional Fee Required			onal	
	<u> </u>			T	7. N	lame and Address of New Reg	stered Ag	ent		
6. Nam	ne and Address of Co	urrent Registered Agent		Name					ļ	
RODRIGUEZ, MIRTHA 578 E. 9TH ST.				Street Address (P.O. Box Number is Not Acceptable)						
									)	
HIALEAH FL 33010					FL Zip Code					
8. The above named en the obligations of reg	tity submits this state istered agent.	ment for the purpose of changing	its register	ed office or regis	stered ag	ent, or both, in the State of Florid	da. I am fai	niliar with, a	nd accept	
SIGNATURE	ped or printed name of registe	red agent and title if applicable. (1	NOTE: Register	ed Agent signature requ	uired when re	einstating)	DATE			
FILE NOW	/!!! FEE IS \$150.	00 50.00		~		<b>9.</b> Election Campaign Final Trust Fund Contribution.		Added	May Be to Fees	
10.	OFFICER	RS AND DIRECTORS	11		A[	DITIONS/CHANGES TO OFFIC				
TITLE PST NAME RODRIG STREET ADDRESS 400 SE	RODRIGUEZ, MIRTHA ss 400 SE 5TH ST.							☐ Change	Addition	
TITLE NAME STREET ADDRESS	H FL 33010	☐ Delete	TIT NA ST					Change	Addition	

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address. With all other like empowered.

TITLE

NAME

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF FICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Delete

☐ Delete

2-12-03 305-867-773

Change

☐ Change

☐ Change

☐ Change

Addition

☐ Addition

☐ Addition

☐ Addition

**FILED** 

Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90240 029 \*\*\*150.00