2001 UNIFORM BUSI[illegible]SS REPORT (UBR)

FILED
Jul 20, 2001 8:00 am
Secretary of State
01-09-2001 90007 001 ***150.00

DOCUMENT # P00000038391

1. Entity Name
EL TROPICO TASCA, INC.

Principal Place of Business	Mailing Address
7387 NW 36TH ST MIAMI FL 33155	7387 NW 36TH ST MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
same	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1011246 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
CRISONINO, RICHARD A
2534 SW 6 STREET
MIAMI FL 33135

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President HERNANDEZ, MARTHA 530 W 4TH AVE HIALEAH FL 33012	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Marta Hernández 1/5/00 91-305-477-6705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)

Attachment 10162
P0000038391

Professional Services

MAIN OFFICE: 736 N. W. 22ND AVENUE, MIAMI, FLA. 33125
PHONES: 642-3000 - 541-3600 FAX: 541-3601

July 17, 2001

TO WHOM IT MAY CONCERN

As per our conversation we are sending the 2001 Corporation Anual Report with the ID. number 65-1011246.

We never received the form that you send on January, 2001 asking for the ID. #.

Thanking you in advance for your attention to this matter.

Very truly yours,

PROFESSIONAL SERVICES
BOOKKEEPING INC.

Regina R. Rafael
Authorize Signature