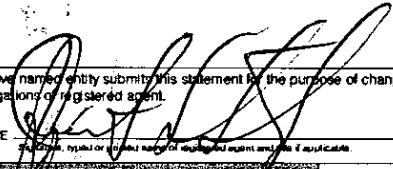


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90109 049 ***150.00

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

DOCUMENT # P0000076570			
1. Entity Name TROPICO RESTAURANT, INC.			
Principal Place of Business 12502 N KENDALL DRIVE MIAMI, FL 33186		Mailing Address 12502 N KENDALL DRIVE MIAMI, FL 33186	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1033601		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALLADARES, ARMANDO 12502 N KENDALL DRIVE MIAMI, FL 33186		7. Name and Address of New Registered Agent Name AUGUSTO SOTOLONGO Street Address (P.O. Box Number Is Not Acceptable) 12502 N. KENDALL DRIVE City MIAMI, FL Zip Code 33186	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE	
FILING FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 (Make Check payable to Florida Department of State)		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VALLADARES, ARMANDO 12502 N KENDALL DRIVE MIAMI, FL 33186 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AUGUSTO SOTOLONGO 12502 N. KENDALL DRIVE MIAMI, FL 33186 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. RAUL BELLO 12502 N. KENDALL DRIVE MIAMI, FL 33186 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date _____ Daytime Phone # _____			

CR2EC34 (10/02)