2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092289

1. Entity Name



FILED Mar 17, 2003 8:00 am \$ Secretary of State 03-17-2003 90052 002 ***150.00

TROPICAL ON THE BEACH CORP.							
Principal Place of Business Mailing Address				-			
		- 1415-WASHINGTON: AVENUE MIAMI BEACH FL 33139					
i							
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite. Apt. #. etc.		_			
				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-104396	?) 	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	d		
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New		red	
PODDIGLI	ez, mairely		Name	Name			
	TONIA RD		Street Address (F		P.O. Box Number is Not Acceptable)		
MIAMI BEACH FL 33141				V			
	:		City	77 - William 20	FL Zip Co	ode	
8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.				ered agent, or both, in the State of	Florida. I am familiar with	n, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and	thtle if applicable. (NOTE:	Registered Agent signature require	ad when reinstating)	DATE		
	ILE-NOW!!! FEE IS \$150.00			9. Election Campaign	Financing \$5.	.00 May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				Trust Fund Contribu		ed to Fees	
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO C			
TITLE NAME	PD RODRIGUEZ, MAIRELY	☐ Delete	TITLE NAME		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1564 DAYTONIA RD MIAMI BEACH FL 33141		STREET ADDRESS CITY-ST-ZIP				
TITLE	INICAMI BEROTTE 33141	Delete	TITLE	, <u>, , , , , , , , , , , , , , , , , , </u>	☐ Change	Addition (
NAME STREET ADDRESS			NAME			(
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition	
NAMÉ STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		, · · · <u> </u>		
TITLE NAME		☐ Delete	TITLE NAME		☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP TITLE	3****	☐ Delete	CITY-ST-ZIP TITLE		Change	Addition	
NAME		L. Delete	NAME		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	الرا الاستنفاقية المهادة الدليد الداء المستهدد الشامي	-	-	
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			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.

SIGNATURE:

3**0**5 - 868**06**1/