

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000112876**

1. Entity Name

TROPICAL WOOD EXPRESSIONS, CORP.

FILED

02 SEP 24 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

750 N.E. 64 STREET, #B-108
MIAMI FL 33138

Mailing Address

750 N.E. 64 STREET, #B-108
MIAMI FL 33138

2. Principal Place of Business

1565 KNOX AVE

Suite, Apt. #, etc.

APT # C7

City & State

Miami Beach

Zip

33139

Country

U.S.A

3. Mailing Address

1565 KNOX AVE

Suite, Apt. #, etc.

APT # C7

City & State

Miami Beach

Zip

33139

Country

U.S.A FL

4. FEI Number

65-1060988

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PATTERSON, MEREDITH W

750 N.E. 64 STREET, #B-108

MIAMI FL 33138

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. I am familiar with, and accept the obligations of registered agent.

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 - FEES \$500.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSD
NAME RUGAMA-SANDOVAL, JESSONIA
STREET ADDRESS 750 N.E. 64 STREET, #B-108
CITY-ST-ZIP MIAMI FL 33138 ☐ DeleteTITLE PSD
NAME Rugama - Sandoval Jessenia
STREET ADDRESS 1565 KNOX AVE APT # C7
CITY-ST-ZIP Miami, Beach, FL 33139 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR