

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/2:

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90148 031 \*\*\*150.00

**DOCUMENT # P01000011925**

1. Entity Name  
**TROPICAL PET PLANT INC.**

Principal Place of Business  
**15530 SW 80TH STREET, #205**  
**MIAMI FL 33193**

Mailing Address  
**15530 SW 80TH STREET, #205**  
**MIAMI FL 33193**

2. Principal Place of Business  
**15530 S.W. 80<sup>th</sup> St**  
 Suite, Apt. #, etc.:  
**C-205**  
 City & State  
**MIAMI, Florida**  
 Zip  
**33193**  
 Country  
**Dade**

3. Mailing Address  
**15530 S.W. 80<sup>th</sup> St.**  
 Suite, Apt. #, etc.:  
**C-205**  
 City & State  
**MIAMI, Florida**  
 Zip  
**33193**  
 Country  
**Dade**



DO NOT WRITE IN THIS SPACE

4. FEI Number **72-1524764** Applied For ☐ Not Applicable ☒

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

**6. Name and Address of Current Registered Agent**

**ARAZOZA & FERNANDEZ-FRAGA, P.A.**  
**2100 SALZEDO STREET**  
**SUITE 300**  
**CORAL GABLES FL 33134**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GIL, RODOLFO 15530 SW 80TH STREET, #205 MIAMI FL 33193	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FIGULA, ROBERTO 15530 SW 80TH STREET, #205 MIAMI FL 33193	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-30-2002** **(305) 408-4941**  
 Date Daytime Phone #

CR2034 (9/01)