

FILED
Aug 01, 2002 8:00 am
Secretary of State

07-22-2002 90164 032 ***558.75

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

40403

DOCUMENT # P 010 000 13 094
1. Entity Name
TROPICAL STAR COMMUNICATIONS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7232 NW 31 ST

3. Mailing Address
SAME

—Suite, Apt. #, etc.

—Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip
33122

Country
USA

Zip

Country

4. FEI Number
65-1107130

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name EUGENIA ESCOBAR

Street Address (P.O. Box Number is Not Acceptable)

7232 NW 31 ST

City MIAMI

FL

Zip Code 33122

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

Eugenia Escobar

Signature, typed or printed name of registered agent or officer if applicable.

(NOTE: Registered Agents signature required when not waiving)

7/15/02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRESIDENT
EUGENIA ESCOBAR
7232 NW 31 ST
MIAMI - FL 33122

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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DO NOT WRITE
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CR200348 (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with or without power of attorney.

SIGNATURE:

Eugenia Escobar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02

305-592-4848

CLIP

Daytime Phone #