

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000047313

1. Entity Name

TROPICAL PALACE, INC.

5/1

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-19-2002 90201 038 ***150.00

Principal Place of Business

8695 W MCNAB RD
TAMARAC FL 33321

Mailing Address

8695 W MCNAB RD
TAMARAC FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1124706

Applied For

Not Applicable

Zip

Zip

Country

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

6. Name and Address of Current Registered Agent

PESTANO, ANTONIN
7758 NW 44 ST
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name: Nestor Castillo

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

3050 N.W. 23 AVEN.

City: Oakland Park

FL Zip Code: 33311

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

Nestor Castillo

06-20-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD
NAME: CASTILLO, MILTON
STREET ADDRESS: 8695 W MCNAB RD
CITY-ST-ZIP: TAMARAC FL 33321

Delete

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

Vice - President.

Change

Addition

NESTOR CASTILLO

3050 N.W. 23 AVEN. Oakland Park, FL 33311

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

Delete

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

Change

Addition

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

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TITLE: 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:

Milton Castillo 4-22-02 954-720-8088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01) 2A