

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90119 047 ***150.00

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DOCUMENT # P01000047313

1. Entity Name
TROPICAL PALACE, INC.



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

Zip

Country

Zip

Country

4. FEI Number **65-1124706**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CASTILLO, NESTOR
3050 NW 23 AVE
OAKLAND PARK FL 33311

7. Name and Address of New Registered Agent

Name **MARITZA PESTANO**

Street Address (P.O. Box Number is Not Acceptable)
7758 NW 44 ST

City **SUNRISE**

FL

Zip Code **33351**

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 *Maritza Pestano*
Signature, typed or printed name of registered agent and title if applicable.

Maritza Pestano
(NOTE: Registered Agent signature required when reinstating)

4/30/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

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

TITLE **V** ☒ Delete
NAME **CASTILLO, NESTOR**
STREET ADDRESS **3050 NW 23 AVE**
CITY-ST-ZIP **OAKLAND PARK FL 33311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition
NAME **DAVID ROJAS**
STREET ADDRESS **1641 16 AVE SW**
CITY-ST-ZIP **NAPLES FL 34117**

TITLE **VPD** ☐ Change ☒ Addition
NAME **MARITZA PESTANO**
STREET ADDRESS **7758 NW 44 ST**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Maritza Pestano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maritza Pestano
VP

VP

954/578-0016
Date Daytime Phone #

CR2E034 (10/02)