

FILED
Jul 07, 2002 8:00 am
Secretary of State

05-27-2002 90295 018 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000084505

1. Entity Name

LA TROPICAL, INC.

Principal Place of Business

Mailing Address

4319 AUTUMN LEAVES DR.
 TAMPA FL 33624

4319 AUTUMN LEAVES DR.
 TAMPA FL 33624

37903



DO NOT WRITE IN THIS SPACE

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 59-3740465

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOISA, VICTOR A SR.
 4319 AUTUMN LEAVES DR.
 TAMPA FL 33624

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

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!!! 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	MOISA, VICTOR A SR.	4319 AUTUMN LEAVES DR.	TAMPA FL 33624				
V	MOISA, ANA A	4319 AUTUMN LEAVES DR.	TAMPA FL 33624				
D	MOISA, VICTOR A JR.	4319 AUTUMN LEAVES DR.	TAMPA FL 33624				
D	MOISA, CARLOS E	4319 AUTUMN LEAVES DR.	TAMPA FL 33624				

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

Date

Daytime Phone #

CR2E034 (9/01)



Division of Corporations

Receipt

Attachment Page 1 of 1

P01000084505

37903

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: P01000084505

Tracking Number: 400005414274

The charge for your UBR is
\$150.00

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number/Pin Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the UBR, press the CONTINUE button below.

By pressing the CONTINUE button, your UBR will be placed in processing and no additional UBRs may be filed for this corporation until this one is processed.

Continue

Sunbiz Home Page

Public Access Help



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 2, 2002

LA TROPICAL, INC.
4319 AUTUMN LEAVES DR.
TAMPA, FL 33624

Subject: LA TROPICAL, INC.

Reference Number: **P01000084505**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/tm

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314