

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

FILED

DOCUMENT # PO1000100704

1. Entity Name

TROPIMEX INVESTMENTS, INC.



04 JUN -2 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

512 JETTON STREET

3. Mailing Address

512 JETTON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33619

Country

U.S.A.

Zip

33619

Country

USA.

**REINSTATEMENT 03-04**

DO NOT WRITE IN THIS SPACE

4. FEI Number

651147098

Applied For

No: Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name MARIA ROSIAS

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

512 JETTON ST

City TAMPA

FL

Zip Code

33619

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

(Signature) (PRESIDENT)

5/18/04

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

**\$5.00** May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT  
NAME MARIA ROSIAS  
STREET ADDRESS 512 JETTON ST  
CITY-STATE-ZIP TAMPA FL 33619

TITLE SECRETARY  
NAME 8000037666238  
STREET ADDRESS 06/04/04-01047-006  
CITY-STATE-ZIP 33001,00

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CITY-STATE-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 on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature) (PRESIDENT)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/04 813-651-1315

DATE

Daytime Phone #

CR2E034B (12/02)

Apr. 30. 2004 3:42PM

ACCOUNTING MANAGEMENT SERVICES

No. 4199 P. 2

*Attachment*

*#P01000100704*

TROPI MEX INVESTMENTS, INC.  
512 Jetton Street  
Tampa, FL 33619

 **COPY**

**CERTIFIED LETTER WITH RETURN RECEIPT**

November 7, 2003

Florida Department of State  
Division of Corporation

P.O. Box 6327  
Tallahassee, FL 32314-6327

Document # P01000100704

Gentlemen:

Enclosed please find our check in the amount of \$158.75 dated November 07, 2003 for the reinstatement of our 2003 Annual Uniform Business Report as per the instructions received by one of your reinstatement department agents.

As per our telephone conversation, we never received the prior reports issued by your institution for mailing issues. And, I would like to resolve the problem caused by it as soon as possible.

Your prompt reinstatement of our corporation will be greatly appreciated.

Truly yours,  
TROPI MEX INVESTMENTS, INC.

  
Maria T. Rosias  
President