FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91882 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000022179

1. Entity Name

BEST TROPICAL, INC.

425 S.W. 22ND AVE. STE. C
MIAMI, FL 33135

425 S.W. 22ND AVE STE C
MIAMI, FL 33135

90129093

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
425 S.W. 22ND AVE. STE. C		425 S.W. 22ND AVE. STE. C	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33135	Country: US	Zip: 33135	Country: US

4. FEI Number 02-0552053 ☐ Applied For ☐ Not Applicable

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

SOCARRAS, TERESA
1120 S.W. 96TH AVE
MIAMI, FL 33174

7. Name and Address of Current Registered Agent

Name: TERESA N. SOCARRAS

Street Address (P.O. Box Number is Not Acceptable): 1120 S.W. 96TH AVE

City: MIAMI FL Zip Code: 33174

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) ☐

January 1 - May 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	PD	TITLE	
NAME	SOCARRAS, TERESA	NAME	
STREET ADDRESS	1120 S.W. 96TH AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33174	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 on attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #