

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90078 004 ***150.00

DOCUMENT # P02000065784

1. Entity Name
INTI TROPICAL, INC.



Principal Place of Business
1300 N.E. MIAMI GARDENS DRIVE #514-E
NORTH MIAMI BEACH FL 33179

Mailing Address
1300 N.E. MIAMI GARDENS DRIVE #514-E
NORTH MIAMI BEACH FL 33179



2. Principal Place of Business

3. Mailing Address

1200 NE MIAMI GARDENS DR **1200 NE MIAMI GARDENS DR**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
301W **301W**

City & State **City & State**
NO MIAMI BEACH, FL **NO MIAMI BEACH, FL**
Zip **Zip** **County** **County**
33179 **33179**

4. FEI Number **02-0617653** **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

7. Name and Address of New Registered Agent

ALMAN, MARTIN H
17290 N.E. 19TH AVENUE
NORTH MIAMI BEACH FL 33162

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **Signature, typed or printed name of registered agent and title if applicable.** **(NOTE: Registered Agent signature required when reinstating)** **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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ **Delete**
NAME **NUNEZ DE LA TORRE, MARIA**
STREET ADDRESS **1300 N.E. MIAMI GARDENS DRIVE #514-E**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **AP** ☒ **Change** ☐ **Addition**
NAME **NUNEZ, BELA TORRE, MARIA**
STREET ADDRESS **1200 NE MIAMI GARDENS DR #301W**
CITY-ST-ZIP **NO MIAMI BEACH, FL 33179**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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 **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03 **(305) 919-7474**
Date **Daytime Phone #**

CR2E034 (10/02)