

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90410 043 ***150.00

DOCUMENT # P02000069059

1. Entity Name
SUN TROPICAL PARTIES, INC.



Principal Place of Business
11131 BUGATTI CT.
JACKSONVILLE FL 32246

Mailing Address
P. O. BOX 54630
JACKSONVILLE FL 32245

2. Principal Place of Business

14333-22 Beach Blvd

3. Mailing Address

14333-22 Beach Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32250

Country

USA

Zip

32250

Country

USA

4. FEI Number

03-08 01634

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

MENDOZA, YVONNE
11131 BUGATTI CT.
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

Name **Amelia Esterez**
Street Address (P.O. Box Number is Not Acceptable)
14333-22 Beach Blvd
City **Jacksonville** **FL** **Zip Code** **32250**

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: *Amelia Esterez*

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
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MENDOZA, YVONNE
STREET ADDRESS	11131 BUGATTI CT.
CITY-ST-ZIP	JACKSONVILLE FL 32246
TITLE	D <input type="checkbox"/> Delete
NAME	CANO, DIEGO
STREET ADDRESS	11131 BUGATTI CT.
CITY-ST-ZIP	JACKSONVILLE FL 32246
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amelia Esterez
STREET ADDRESS	14333-22 Beach Blvd
CITY-ST-ZIP	Jacksonville, FL 32250
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Amelia Esterez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Date

(904) 8876364

Daytime Phone #

CR2E034 (10/02)