FILED
Jun 30, 2003 8:00 am
Secretary of State
05-02-2003 90361 001 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000078280

1. Entity Name
TROPICAL OIL, INC.

55050134

[redacted]

Principal Place of Business
~~200 GALEN DR STE 111~~
~~KEY BISCAYNE FL 33149~~

Mailing Address
~~200 GALEN DR STE 111~~
KEY BISCAYNE FL 33149

2. Principal Place of Business: 50 West Mashta Dr.
Suite, Apt. #, etc.: #3
City & State: Key Biscayne Fl.
Zip: 33149 Country: DADE

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 41-2052809 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
~~PUENTES, RAMON H~~
~~200 GALEN DR STE 111~~
~~KEY BISCAYNE FL 33149~~

7. Name and Address of New Registered Agent
Name: Ramon Puentes
Street Address (P.O. Box Number is Not Acceptable): 50 West Mashta Dr.
City: Key Biscayne Fl. 33 FL Zip Code: 33149

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] 4/30/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~PUENTES, RAMON H~~ ~~200 GALEN DR STE 111~~ ~~KEY BISCAYNE FL 33149~~ ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Cristina Puentes 50 West Mashta Dr. #3 Key Biscayne Fl. 33149 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Cristina Puentes President ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] 4/21/03 (305) 361-4496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

attachment

55080134

#P02000078280

TROPICAL OIL, INC.

50 West Mashta Drive , Suite # 3 • Key Biscayne Fl, 33149 • Tel: 305.361.9070 • Fax: 305.361.0799

Division of Corporations
P.O. Box 1500
Tallahassee, FL.
32302

* Attached Please find information requested in your letter. The title for the officer in the report should read:

* Cristina Puentes
* President
* 50 West Mashta Drive #3
* Key Biscayne, Fl.
33149

Thank you.