

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

FILED
May 03, 2004 8:00 am
Secretary of State

DOCUMENT # P03000096099

1. Entity Name

EL TROPICO M & F, CORP.

05-03-2004 90710 038 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17020 Collins Avenue

3. Mailing Address
2080 Ocean Drive South

Suite, Apt. #, etc.

Suite, Apt. #, etc.
404

DO NOT WRITE IN THIS SPACE

City & State
Sunny Isles Florida

City & State
Hallandale Florida

4. FEI Number 54-2122986

Applied For

Not Applicable

Zip 33160

Country USA

Zip 33160

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DIAZ, FERNANDO

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

2080 Ocean Drive South #404

City Hallandale

FL

Zip Code 33028

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 DP
NAME DIAZ, MARIA TERESA
STREET ADDRESS 2080 Ocean Drive South #404
CITY-ST-ZIP Hallandale Florida 33028

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP
NAME DIAZ, FERNANDO
STREET ADDRESS 2080 Ocean Drive Sout #404
CITY-ST-ZIP Hallandale Florida 33028

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/04

362-9139

CR2F034R (12/01)