

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020893

1. Entity Name

TROPICALIA ENTERPRISES, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90030 046 ***158.75

Principal Place of Business

~~8206 NW 56 STREET~~
~~MIAMI FL 33166~~

Mailing Address

~~8251 NW 30TH STREET~~
~~600~~
~~MIAMI FL 33100-0026~~

2. Principal Place of Business

3. Mailing Address

8253 NW 56 Street

8201 NW 66 Street

Suite, Apt. #, etc.

Suite # 4

City & State
Miami Florida

City & State
Miami FLORIDA

4. FEI Number

65-0733426

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SOARES, DIVINO M.~~
~~8296 NW 56 STREET~~
~~MIAMI FL 33166~~

Name SOARES, DIVINO M.

Street Address (P.O. Box Number is Not Acceptable)
8253 NW 56 Street

City Miami

FL

Zip Code 33166

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

4/14/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME SOARES, DIVINO M.
STREET ADDRESS ~~8296 NW 56 STREET~~
CITY-ST-ZIP ~~MIAMI FL 33166~~

TITLE PSD
NAME SOARES, DIVINO M.
STREET ADDRESS 8253 NW 56 Street
CITY-ST-ZIP Miami, FL. 33166

TITLE VTD
NAME SOARES, MARILENE M
STREET ADDRESS ~~8296 NW 56 STREET~~
CITY-ST-ZIP ~~MIAMI FL 33166~~

TITLE VTD
NAME Soares, Marilene, M.
STREET ADDRESS 8253 NW 56 Street
CITY-ST-ZIP Miami, FL. 33166

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SOARES, DIVINO M.

4/14/00 (305) 594-7111
Date Daytime Phone #

CR2E034 (9/99)