

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90460 043 ***150.00

DOCUMENT # P97000067465

1. Entity Name

TROPICAL FLOWERS, INC.

P

Principal Place of Business

7838 SW 24TH ST.
MIAMI, FL. 33155

Mailing Address

7838 SW 24TH ST.
MIAMI, FL. 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

ANGEL PENA
10525 SW 112 AVE. # 307
MIAMI, FL. 33176

Name

JORGE L. PORRAS

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

7838 SW 24TH ST.

MIAMI, FL. 33155

City

MIAMI,

FL

Zip Code

33155

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]

JORGE L. PORRAS

6/21/00

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) ☐

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 P ☒ Delete
NAME ANGEL PENA
STREET ADDRESS 10525 SW 112 AVE. # 307
CITY-ST-ZIP MIAMI, FL. 33176

TITLE P ☒ Change ☐ Addition
NAME JORGE L. PORRAS
STREET ADDRESS 7838 SW 24TH ST.
CITY-ST-ZIP MIAMI, FL. 33155

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
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TITLE ☐ Change ☐ Addition
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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

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]

JORGE L. PORRAS

6/21/00

(305) 266-8058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

P97000067465

100068630



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 22, 2000

TROPICAL FLOWERS INC.
7838 SW 24TH STREET
MIAMI, FL 33155 US

SUBJECT: TROPICAL FLOWERS INC.
Ref. Number: P97000067465

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Sean Toner
Senior Section Administrator

Letter Number: 200A00028911

197000067465

DO008630

TROPICAL FLOWERS, INC.
7838 SW 24TH STREET
MIAMI, FL. 33155
Ph:(305) 266-8058

May 3, 2000

FL. DEPARTMENT OF STATE
Division of Corporations
P.O.Box 6327
Tallahassee, Fl. 32314

Ref.: 2000 - RENEWAL FEE
P-97000067465

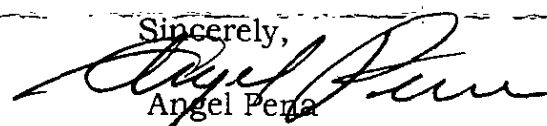
Dear Sirs,

Attached please find our check in the amount of \$150.00 covering renewal fees for the current year.

Please note that I have not yet received your usual printed form and as I know that this is already due, I have decided to send my check without the form.

I hope that this will be in order to you and to let you to process this payment I have included my corporation number of registration into your records.

Sincerely,



Angel Pena
President