

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074173

1. Entity Name

TROPISWEET CORPORATION

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90010 015 ***150.00

Principal Place of Business

1242 OCEAN REEF ROAD
WESLEY CHAPEL FL 33543

Mailing Address

1242 OCEAN REEF ROAD
WESLEY CHAPEL FL 33543-6638

2. Principal Place of Business

13031 N.W. 1 ST.

3. Mailing Address

13031 NW 1 ST

Suite, Apt. #, etc.

109

Suite, Apt. #, etc.

109

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33028

Country

US

Zip

33028

Country

US

4. FEI Number

59-3530442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COMIN, ROBERTO
1242 OCEAN REEF ROAD
WESLEY CHAPEL FL 33543

7. Name and Address of New Registered Agent

Name COMIN, ROBERTO

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

13031 NW. 1 ST, # 109

City PEMBROKE PINES

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

Roberto Comin B. ROBERTO COMIN STD

4-3-2000

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, MARIELA	
STREET ADDRESS	1242 OCEAN REEF ROAD	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COMIN, ROBERTO	
STREET ADDRESS	1242 OCEAN REEF ROAD	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PAZ, CHRISTIAN	
STREET ADDRESS	1242 OCEAN REEF ROAD	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PAZ, GIANCARLO	
STREET ADDRESS	1242 OCEAN REEF ROAD	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13031 NW. 1ST. # 109	
STREET ADDRESS	PEMBROKE PINES, FL 33028	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	13031 N.W. 1ST. # 109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13031 N.W. 1ST. # 109	
STREET ADDRESS	PEMBROKE PINES, FL 33028	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	13031 NW 1 ST # 109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13031 NW 1 ST # 109	
STREET ADDRESS	PEMBROKE PINES, FL 33028	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	13031 NW. 1ST. # 109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13031 NW. 1ST. # 109	
STREET ADDRESS	PEMBROKE PINES, FL 33028	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
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		

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:

Roberto Comin B. ROBERTO COMIN STD

4-3-2000 (954) 4303642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)