2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000016504

Entity Name: TROPICAL PET, INC.

City-St-Zip:

MIAMI, FL 33122

FILED Mar 14, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5425 N.W. 82 AVENUE MIAMI, FL 33166 **Current Mailing Address: New Mailing Address:** 5425 N.W. 82 AVENUE MIAMI, FL 33166 FEI Number: 65-0899594 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SANTOS, MAURO C ESQ. 25 S.E. 2ND AVENUE #1235 MIAMI, FL 33131 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition FASOLO, FERNANDO TORRES, MAURICIO Name: Name: RUA MARCOS WAISTEIN, #440 CACHOEIRINNA-RS Address: 5425 NW 82 AVENUE Address: City-St-Zip: BRASIL 94430-360, City-St-Zip: MIAMI, FL 33166 ٧S Title: Title: (X) Change () Addition () Delete Name: FASOLO, ALEXANDRE Name: DE CASTRO FILHO, EDUARDO RUA MARCOS WAISTEIN, #440 CACHOEIRINNA-RS Address: 8351 NW 21 ST Address: BRASIL 94430-360, City-St-Zip: MIAMI, FL 33122 City-St-Zip: Title: Title: (X) Delete () Change () Addition TORRES, MAURICIO Name: Name: 5425 NW 82 AVE Address: Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip: Title: (X) Delete Title: () Change () Addition DE CASTRO SILHO, EDUARDO Name: Name: Address: 8351 NW 21ST Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MAURICIO TORRES P 03/14/2002