

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090454

1. Entity Name
TROPICAL INTERNATIONAL TRADING CORP.

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90002 028 ***150.00

Principal Place of Business
2906 NORTHWEST 9TH TERRACE
WILTON MANORS FL 33311

Mailing Address
2906 NORTHWEST 9TH TERRACE
WILTON MANORS FL 33311

*Please Note - Change of Address
In # 3.*

00001160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4731 N.E. 19th AVE
Suite, Apt. #, etc.

3. Mailing Address
4731 N.E. 19th AVENUE
Suite, Apt. #, etc.

City & State
Ft Lauderdale, FL

City & State
Ft Lauderdale, FL.

Zip
33308

Country
Broward

Zip
33308

Country
Broward

4. FEI Number 65-0974366

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PRIMNATH, SOBHA
2906 NORTHWEST 9TH TERRACE
WILTON MANORS FL 33311

7. Name and Address of New Registered Agent
Name Primnath, Praimnath, Sobha
Street Address (P.O. Box Number is Not Acceptable)
4731 N.E. 19th AVENUE
City Ft Lauderdale FL Zip Code 33308

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 (S) Sobha Praimnath
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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRAIMNATH, SOBHA		NAME	PRAimnath, Sobha	
STREET ADDRESS	2906 NORTHWEST 9TH TERRACE		STREET ADDRESS	4731 N.E. 19 th AVENUE	
CITY-ST-ZIP	WILTON MANORS FL 33311		CITY-ST-ZIP	Ft Lauderdale, FL. 33308	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Sobha Praimnath
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01 954-722-2484
Date Daytime Phone #

CR2E034 (10/00)