FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOOLINGNE !!				
DOCUMENT # 5 938	863 ·	·	03 JAN 23 AM 9:53	
DEL TROPICO FOOD SBE	NORTHERK	I SOUNTED AN DOUG		
FLORIDA, INC			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
			WILL OF COLL, TECHION	
DO NOT WRITE	IN THIS S	PACE		
2. Principal Place of Business 9195 Boggy Cuek Rd	95 Boggy Cerek Rd			
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS S	PACE
City & State ORLANDO City & State			4. FEI Number 65-0294884 ·	Applied For Not Applicable
FL3282 4 Country	Zip	Country		8.75 Additional ee Required
		·	7. Name and Address of Current Registered	Agent
		Name	upon C. Cornejo	-
DO NOT W	RITE			
•		9195	ss (P.O. Box Number is Not Acceptable) Roll (P.O. Box Number is Not Acceptable)	
j IN THIS SF	ACE	Sout	L#6	
/		City Osla	ando FL	Zip Code 32824
8. The above named entity submits this statement to	or the purpose of changing its	egistered office or regis	stered agent, or both, in the State of Florida	
Cal . (I		7	solution agont, or boat, in the state of horizon.	
SIGNATURE Mergan	Oxheelo.	drefo	•	
Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating) DATE	-
9. This corporation is eligible to satisfy its Intangible	January 1 - M	May 1 Fee is \$150.00		
Tax filing requirement and elects to do so. After May 1,		1, Fee is \$550.00	10. Election Campaign Financing	\$5.00 May Be
(See criteria on back)		d UBR is \$61.25 de to Department of 5	Trust Fund Contribution,	Added to Fees
11. OFFICERS AND				
TITLE Poesident	3	TITLE		
NAME ALFONSO CORNETO STREET ADDRESS 9195 BORRY CREEK	Pol carlado	NAME		,
STREET ADDRESS 9195 BOREY CREEK	HI SULL HO	STREET ADDRESS		i
CITY-ST-ZIP Oxfando, Fl 32		CITY-ST-ZIP		
TITLE V- President NAME JORGE ROSIAS R	Blada	TITLE		
NAME LORGE ROSIAS FO	veds Ato	NAME	4000106788	⊐⊿.
HET ADDRESS 9195 Boggy Creek Ed Seite #8 Y-ST-ZIP Oslando, Fl 32824.		STREET ADDRESS CITY-ST-ZIP		**300.00
TREATURER -	2024		01723703 01030 000	
NAME Hinfam Consecedo	Page to	NAME		
STREET ADDRESS 9195 Boggy Clase & Rollswite #8. CITY-ST-ZIP Ofando FC 32824.		✓ STREET ADDRESS	50 NOT WEST	
ITY-ST-ZIP O-lando FC 32824.		_ CITY-ST-ZIP	DO NOT WRITE	
Seepe Jary.		TITLE	IN THIS SDAC	· C
VAME FORIEST DOCIAS F	SPADA. 11	NAME	IN THIS SPAC	· C
STREET ADDRESS 9195 Boggy Creek	Ko/sute #8	STREET ADDRESS		
CITY-ST-ZIP Ostando, Fl 32	1837	' CITY-ST-ZIP		
TITLE		TITLE	•	
NAME		NAME ANDERT ADDRESS		
		STREET ADDRESS CITY-ST-ZIP		ļ
I				
CITY-ST-ZIP		7(7) 5		
CITY-ST-ZIP TITLE		TITLE		
CITY-ST-ZIP TITLE NAME		NAME	•	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	
CITY-ST-ZIP TITLE IAME STREET ADDRESS CITY-ST-ZIP 13. hereby certify that the information supplied with	this filling date and qualify for	NAME STREET ADDRESS CITY-ST-ZIP	Section 110 07/2V/\ Florids Claids Claids 15 at 15 at 27	
ITTLE IAME STREET ADDRESS CITY-ST-ZIP 13. hereby certify that the information supplied with indicated on this report or supplemental report is	ifue and accurate and that m	NAME STREET ADDRESS CITY-ST-ZIP the exemption stated in	ie same legal offoct as if made under oath: that I am	an officer or director.
ITTLE IAME STREET ADDRESS CITY-ST-ZIP 13. hereby certify that the information supplied with indicated on this report or supplemental report is	true and accurate and that movered to execute this repor	NAME STREET ADDRESS CITY-ST-ZIP the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certifies asme legal effect as if made under oath; that I am 607, Florida Statutes; and that my name appears i	an officer or director.

Daytime Phone #