

2000 UNIFORM BUSINESS REPORT (UBR) *Amended*

DOCUMENT

1. Entity Name **N93000000311** ✓

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE TROPICAL RESORT CONDOMINIUM, INC.

Principal Place of Business Mailing Address
6865 BAY DRIVE MIAMI, FL 33141 **2454 LE JEUNE RD. 305**

~~CORAL GABLES~~

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
2500 NW 97th Ave. SUITE 200

City & State City & State
MIAMI, FL MIAMI, FL

Zip Country Zip Country
33172 USA

07/26/00 90003/011 \$61.25
DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0580076 Not Applicable

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

6. Name and Address of Current Registered Agent

**PERSAUD, SAMUEL A.
1450 MADRUGA AVE. 300
MIAMI, FL 33146**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Sam A. Persaud*
Signature, typed or printed name of registered agent and title if applicable.

July 10, 2000
DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	GOODWILL, JAMES	
STREET ADDRESS	6865 BAY DRIVE #2	
CITY-ST-ZIP	MIAMI, FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/T	<input checked="" type="checkbox"/> Delete
NAME	SOBKOWICZ, MICHAEL	
STREET ADDRESS	6865 BAY DRIVE # 14	
CITY-ST-ZIP	MIAMI, FL 33141	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	UQUILLAS, LOUIS	
STREET ADDRESS	6865 BAY DRIVE # 23	
CITY-ST-ZIP	MIAMI, FL 33141	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	BENITEZ, JEFRAIN	
STREET ADDRESS	6865 BAY DRIVE # 5	
CITY-ST-ZIP	MIAMI, FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lenet Melville	
STREET ADDRESS	6865 Bay Drive # 11	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Perry, Karen	
STREET ADDRESS	6865 Bay Drive # 14	
CITY-ST-ZIP	Miami Beach, FL 33141	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *James Goodwill - James Goodwill* Date *July 5, 2000* Daytime Phone # *305 867-1678*

CR2E037 (9/99)