

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90014 019 \*\*\*\*61.25

DOCUMENT # N93000000311

1. Entity Name

THE TROPICAL RESORT CONDOMINIUM, INC.

Principal Place of Business

6865 BAY DRIVE  
MIAMI BEACH FL 33141

Mailing Address

2500 N.W. 97TH AVENUE  
SUITE 200  
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0580076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERSAUD, SAMUEL A  
1450 MADRUGA AVE-880  
MIAMI FL 33146

Name EDUARDO ROTUNDO

Street Address (P.O. Box Number is Not Acceptable)  
2500 NW 97th Ave #200

City Miami

FL

Zip Code 33172

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

Eduardo Rotundo / MANAGER 1/14/02.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME GOODWILL, JAMES ☐ Delete  
STREET ADDRESS 6865 BAY DR. 2  
CITY-ST-ZIP MIAMI FL 33141

TITLE 3/D  
NAME Goodwill, James ☒ Change ☐ Addition  
STREET ADDRESS 6865 BAY DR. #2  
CITY-ST-ZIP Miami, FL 33141

TITLE DT  
NAME LENET, MELVILLE ☒ Delete  
STREET ADDRESS 6865 BAY DR. #11  
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE P/D  
NAME Uquillas, Luis ☐ Change ☒ Addition  
STREET ADDRESS 6865 BAY DR. #23  
CITY-ST-ZIP Miami, FL 33141

TITLE SD  
NAME FERNANDEZ, ELENA ☒ Delete  
STREET ADDRESS 6865 BAY DR. #14  
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE V/D  
NAME Oleonor, Joseph ☐ Change ☒ Addition  
STREET ADDRESS 6865 BAY DR. #21  
CITY-ST-ZIP Miami, FL 33141

TITLE VD  
NAME LUNDIN, KEVIN ☒ Delete  
STREET ADDRESS 6865 BAY DRIVE, #5  
CITY-ST-ZIP MIAMI FL 33141

TITLE T/D  
NAME Trelles, RAFAEL ☐ Change ☒ Addition  
STREET ADDRESS 6865 BAY DR. #17  
CITY-ST-ZIP Miami, FL 33141

TITLE VD  
NAME POSS, THOMAS ☒ Delete  
STREET ADDRESS 6865 BAY DRIVE #10  
CITY-ST-ZIP MIAMI FL 33141

TITLE D  
NAME Mendigueta, Arturo ☐ Change ☒ Addition  
STREET ADDRESS 13722 SW 20 ST  
CITY-ST-ZIP Miami, FL 33175

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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 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: Uquillas

Uquillas / President 1/14/02 305444

CR2E037 (9/01)