

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000034678

1. Entity Name

TROPICAIRE DEVELOPMENT, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90002 010 ***150.00

Principal Place of Business 9769 S. DIXIE HWY SUITE 103 MIAMI FL 33156 US	Mailing Address 9769 S. DIXIE HWY SUITE 103 MIAMI FL 33156-5600 US
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80014541



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9769 S. DIXIE HWY. Suite, Apt. #, etc. SUITE 201 City & State MIAMI, FL Zip 33156 Country US	3. Mailing Address 9769 S. DIXIE HWY Suite, Apt. #, etc. SUITE 201 City & State MIAMI, FL Zip 33156 Country US
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4. FEI Number 65-0424284	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MALE, MICHAEL H. 3250 MARY ST STE 303 MIAMI FL 33133	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARD W OGDEN 5590 SW 92 ST MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDREW J OGDEN 4036 EL PRADO BLVD MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHAEL H MALE 3250 MARY ST, SUITE 303 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
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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 another like empowered.

SIGNATURE: Richard W. Ogden RICHARD W. OGDEN 2/2/00 305-663-5888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #