

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90225 011 ***150.00

DOCUMENT # P97000077694

1. Entity Name
TROPICAL COURT VILLAS, INC.

Principal Place of Business Mailing Address
1925 BRICKELL AVENUE SUITE D206 MIAMI FL 33129 **1925 BRICKELL AVENUE SUITE D206 MIAMI FL 33129-2900**

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
7901 W 25 Ave B#3 HIALEAH FL 33016

4. FEI Number **65-0779617** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RAFULS, RICHARD
7901 W 2R AVE BAY 3&4
HIALEAH FL 33016

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RODRIGUEZ, LIBARDO E 8181 N.W. 91 TERR. B-1 MIAMI FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ST RODRIGUEZ LIBARDO E 7901 W 25 AVE B-3 HIA. FLA - 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAFULS, RICHARD 8181 NW 91 TERRACE B-1 MIAMI FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD RAFULS RICHARD 7901 W 25 AVE B-3 HIA FLA - 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARRERO, HECTOR 8181 N.W. 91 TERR. B-1 MIAMI FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition VP MARRERO HECTOR 7901 W 25 AVE B-3 HIA. FLA - 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes, 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 an officer like empowered.

SIGNATURE: _____ Date: **06-20-00** Daytime Phone #: **305-883-8881**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)