

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90153 019 ***150.00

DOCUMENT # P99000063738

1. Entity Name
TROPICAL COLLECTION, INC.

Principal Place of Business
**904 SAVANNAH FALLS DRIVE
 FT. LAUDERDALE FL 33327**

Mailing Address
**904 SAVANNAH FALLS DRIVE
 FT. LAUDERDALE FL 33327**

2. Principal Place of Business
431 N.W. 188th TERRACE

3. Mailing Address
431 N.W. 188th TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL

City & State
PEMBROKE PINES, FL

4. FEI Number **65-0933484**

Applied For
 Not Applicable

Zip
33029

Country
USA

Zip
33029

Country
USA

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

~~KOEZE, CLAUDIA P~~
**904 SAVANNAH FALLS DRIVE
 FT. LAUDERDALE FL 33327**

Name
MARCELA MORALES

Street Address (P.O. Box Number is Not Acceptable)

431 N.W. 188th TERRACE

City **PEMBROKE PINES** FL Zip Code **33029**

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 *Marcela Morales*

04-26-09

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **PD KOEZE, CLAUDIA P** Delete
 STREET ADDRESS **904 SAVANNAH FALLS DRIVE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33327**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **VD MORALES, MARCELA** Delete
 STREET ADDRESS **431 N.W. 188TH TERRACE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE NAME **PRESIDENT** Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **VICE-PRESIDENT** Change Addition
 STREET ADDRESS **MARIA MARTA DEL CASTILLO**
 CITY-ST-ZIP **431 N.W. 188th TERRACE**
PEMBROKE PINES, FL 33029

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: *Marcela Morales*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-09 (254) 430-1806
 Date Daytime Phone #

CR2E034 (9/01)