2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
04-12-2001 90171 013 ***150.00

Q27876?

DOCUMENT # S72917

1. Entity Name
TROPICAL TRAVEL INC.

C0046088

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4223 NW 88 AVE SUNRISE FL 33351	4223 NW 88 AVE SUNRISE FL 33351

2. Principal Place of Business	3. Mailing Address
11420 NW 41 Street Suite, Apt. #, etc.	P O Box 450356 Suite, Apt. #, etc.
City & State: SUNRISE, FL	City & State: SUNRISE
Zip: 33323 Country: BROWARD	Zip: 33345 Country: BROWARD

4. FEI Number 65-0277109 ☐ 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
MCDONOUGH, BRIAN 11420 NW 41 ST SUNRISE FL 33323	Name: Mc Donough BRIAN Street Address (P.O. Box Number is Not Acceptable): 9321 NW 35 PLACE City: SUNRISE FL Zip Code: 33351

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 _____
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, 2001 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	PST MCDONOUGH, MAUREEN 11420 NW 41 STREET SUNRISE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MCDONOUGH, MAUREEN 11420 NW 41 STREET SUNRISE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Maureen McDonough Pres 4/7/01 954-742-2956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #