

MAY-22-2001 11:07

P.01

DOCUMENT # S91356

1. Entity Name

TROPICAL RANCH PROPERTIES, INC.

Amended

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 25 AM 10:36



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. BOX 3164
FLORIDA CITY FL 33034P.O. BOX 3164
FLORIDA CITY FL 33034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0299947

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BARBUSCA, TOM
1226 SW 15 ST.
MIAMI FL 33145

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

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

(NOTE: Registered Agent signature required when reappointing)

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 State10. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PO						
	BARBUSCA, TOM	1226 SW 15TH ST	MIAMI FL				
	Chairman, Vice President, Secretary						
	Tina McDonald	17000 SW 272 St.	Homestead, FL 33031				
	52.50-AR						
	10.00-ARAR						

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*****62.50 *****61.25

19/6/14

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

TOTAL P.01