

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90939 044 \*\*\*158.75

**DOCUMENT # 167934**

1. Entity Name

**TROPIC OIL COMPANY**

Principal Place of Business

Mailing Address

10002 N W 89TH AVENUE  
 MIAMI FL 33178-8497

10002 N W 89TH AVENUE  
 MIAMI FL 33178-1409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-0667006**

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

7. Name and Address of New Registered Agent

**LEVASSER, GEORGE E**  
**10002 NW 89TH AVENUE**  
**MIAMI FL 33178**

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 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, 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: **D**  Delete  
 NAME: **LEVASSER, GEORGE A.**  
 STREET ADDRESS: **1000 NE 95 ST.**  
 CITY-ST-ZIP: **MIAMI SHORES FL**

TITLE: **DIRECTOR**  Change  Addition  
 NAME: **LEVASSER, THERESE F.**  
 STREET ADDRESS: **1000 NE 95TH ST**  
 CITY-ST-ZIP: **MIAMI SHORES FL 33178**

TITLE: **D**  Delete  
 NAME: **LEVASSER, GEORGE E**  
 STREET ADDRESS: **967 NE 99 ST.**  
 CITY-ST-ZIP: **MIAMI SHORES FL**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 TITLE:  Change  Addition

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 TITLE:  Change  Addition

TITLE:  Change  Addition  
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 CITY-ST-ZIP:   
 TITLE:  Change  Addition

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 TITLE:  Change  Addition

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:

*George E. Levasser*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000 305-888-4611  
 Date Daytime Phone #