2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 255203

1. Entity Name

TROPICAIR APARTMENTS, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90831 022 ***150.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE FAULTH ST #9 OMPANO BCH FL 33062 TILE TILE MANE SIREET ADDRESS OTIV-ST-2P FOMPANO BCH FL 33062 TILE MANE SIREET ADDRESS OTIV-ST-2P FOMPANO BCH FL 33062 TILE MANE SIREET ADDRESS OTIV-ST-2P OPMPANO BCH FL 33062 TILE MANE SIREET ADDRESS OTIV-ST-2P OPMPANO BCH FL 33062 TILE MANE SIREET ADDRESS OTIV-ST-2P OPMPANO BCH FL 33062 TILE MANE SIREET ADDRESS OTIV-ST-2P OPMPANO BCH FL 33062 TILE MANE SIREET ADDRESS OTIV-ST-2P OPMPANO BCH FL 33062 TILE MANE SIREET ADDRESS OTIV-ST-2P OPMPANO BCH FL 33062 TILE MANE SIREET ADDRESS OTIV-ST-2P OPMPANO BCH FL 33062 TILE MANE SIREET ADDRESS OTIV-ST-2P OPMPANO BCH FL 33062 TILE MANE SIREET ADDRESS OTIV-ST-2P OPMPANO BEACH FL 33062 TILE MANE SIREET ADDRESS OTIV-ST-2P OPMPANO BEACH FL 33062 TILE MANE SIREET ADDRESS SIREET ADDRESS	2344 N E 12	ice of Busines TH ST EACH FL 3306		2344	Mailing Address 2344 N E 12TH ST POMPANO BEACH FL 33062									
City & State Ci	2. Principal	Place of Busin	3. Mail	3. Mailing Address										
Zip Country Zip Country 5-1032763 Polymore Spirituation Not Applicable S. Certificate of Status Desired S. Certificate of Status Desired S. S. S. Additional Fee Required S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address	Suite, Apt	t. #, etc.	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent T. Name TRANCEM, EMMA 2344 N.E. 12TH ST. POMPANO BEACH FL 33062 City FLL Zip Code City FLL Zip Code City FLL Time above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the florida accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee with the \$550.00 Make Check Payable to Florida Department of State 10. OFFICIENS AND DIRECTORS 11. ADD TIONS/CHANSES TO OFFICERS AND DIRECTORS IN 11 FILE DIVINE STATE AGENCES OFFI-ST-2P POMPANO BCH FL 33062 THE MAKE SIRET ADDRESS OFFI-ST-2P POMPANO BCH FL 33062 THE ROW. SIRET ADDRESS OFFI-ST-2P POMPANO BEACH FL 33062 THE ROW. SIRET ADDRESS OFFI-ST-2P POMPANO BEACH FL 33062 THE ROW. SIRET ADDRESS OFFI-ST-2P POMPANO BEACH FL 33062 THE ROW. SIRET ADDRESS OFFI-ST-2P POMPANO BEACH FL 33062 THE ROW. SIRET ADDRESS OFFI-ST-2P POMPANO BEACH FL 33062 THE ROW. SIRET ADDRESS OFFI-ST-2P POMPANO BEACH FL 33062 THE ROW. SIRET ADDRESS OFFI-ST-2P POMPANO BEACH FL 33062 THE ROW. SIRET ADDRESS OFFI-ST-2P POMPANO BEACH FL 33062 THE ROW. SIRET ADDRESS OFFI-ST-2P POMPANO BEACH FL 33062 THE ROW. SIRET ADDRESS OFFI-ST-2P POMPANO BEACH FL 33062 THE ROW. SIRET ADDRESS OFFI-ST-2P POMPANO BEACH FL 33062 THE ROW. SIRET ADDRESS OFFI-ST-2P POMPANO BEACH FL 33062 THE ROW. SIRET ADDRESS OFFI-ST-2P OFFI-ST-2P POMPANO BEACH FL 33062 THE ROW. SIRET ADD	City & Sta	ite	City	City & State				4. FI	El Number 59-1032763			 		
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City FL Zip Code 6. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00							Street Address (P.O. Box Number is Not Acceptable)							
6. The above named entity submits this statement for the purpose of changing its registered agent, or ooth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	POMPAN	O BEACH FL											1	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-18-03

954-942-1554

Daytime Phone #