

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 372455

1. Entity Name

FLORIDA TROPICAL BUILDERS INCORPORATED

FILED

Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90013 040 ***550.00

Principal Place of Business

16485 COLLINS AVENUE
APT 2331
MIAMI BEACH FL 33160

Mailing Address

16485 COLLINS AVENUE
APT 2331
MIAMI BEACH FL 33160

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 59-1361237

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

SILVERMAN, MARC
9337 N.W. 10TH ST.
PLANTATION FL 33322

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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: PD
NAME: SILVERMAN, MURIEL
STREET ADDRESS: 16485 COLLINS AVE #2331
CITY-ST-ZIP: NO. MIAMI BEACH FL

TITLE: SD
NAME: OKRENT, ELLYN
STREET ADDRESS: 4921 N.W. 72 TERR.
CITY-ST-ZIP: LAUDERHILL FL

TITLE: DT
NAME: SILVERMAN, MARC
STREET ADDRESS: 4921 N.W. 72 TERRACE
CITY-ST-ZIP: LAUDERHILL FL

TITLE: V
NAME: OKRENT, STEVEN
STREET ADDRESS: 4921 N.W. 72 TERR.
CITY-ST-ZIP: LAUDERHILL FL

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

308-947-3652

CR2E034 (5/00)