

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A18038**

1. Entity Name

LGL TROPICAIRE, LTD.

FILED

00 JAN 24 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

150 SE 2ND AVE., SUITE 500  
MIAMI FL 33149

Mailing Address

C/O D. LARUSSA  
1111 CRANDON BLVD SUITE A-201  
MIAMI FL 33149-2733

2. Principal Place of Business

890 NW 45TH Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#13

City & State

Miami FL

4. FEI Number 59-2504198

Applied For  
Not Applicable

City & State

Miami FL

Country

USA

Zip

33126

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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. Capital Contributions  
as Shown on record.

\$309,600.00

10. Amount of Capital Contributions  
in FLORIDA to date.

309,600

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # M55840  
NAME ZEQUEIRA INVESTMENT CO.  
STREET ADDRESS 1111 CRANDON BLVD SUITE A201  
CITY - ST - ZIP KEY BISCAYNE FL 33149

DOCUMENT #  
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STREET ADDRESS  
CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

DENNIS A LARUSSA, PRESIDENT OF GENERAL PARTNER

1/11/2000 3053750005

Date

Daytime Phone #