

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90150 001 ***635.00

DOCUMENT # F00000002381

1. Entity Name

TROPICAL INTERNATIONAL AIRWAYS, LTD., INCORPORATED

Principal Place of Business

**ROBERT L. BRADSHAW INTERNATIONAL AIRPORT
BIRD ROCK RD.
BASSETTERRE. ST. KITTS. WI**

Mailing Address

**2900 UNIVERSITY DRIVE
SUITE 72
CORAL SPRINGS FL 33065**

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

NOT APPLICABLE

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

**MAYERS, COLIN
2900 UNIVERSITY DRIVE
SUITE 72
CORAL SPRINGS FL 33065**

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, 2002 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	C	<input type="checkbox"/> Delete
NAME	RAHAEL, GEORGE	
STREET ADDRESS	2900 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VC	<input type="checkbox"/> Delete
NAME	OESTREICH, IRVING	
STREET ADDRESS	9440 TANGERINE PL	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KILLGO, JAMES	
STREET ADDRESS	2651 SW 141 TERRACE	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RICHARDS, STEVEN	
STREET ADDRESS	4301 SW 78TH DR.	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEITNER, ROBERT	
STREET ADDRESS	1193 SUSSEX DRIVE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Colin Mayers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/02

954-753-9500

Date

Daytime Phone #

CR2E034 (9/01)