2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 11, 2000 8:00 am Secretary of State **DOCUMENT # J08034** TROPIC INVESTMENTS, INC. 05-11-2000 90296 004 ***150.00 Principal Place of Business Mailing Address P O BOX 811135 4770 NW 2ND AVENUE. STE D BOCA RATON FL 33481-1135 **BOCA RATON FL 33431** HS 2. Principal Place of Business 3. Mailing Address 3299 NW 2ND AVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. #200 Applied For City & State City & State 4. FEI Number 59-2680182 Not Applicable BOCA \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name rustine, david a. Street Address (P.O. Box Number is Not Acceptable) 4770 N W 2ND AVENUE, STE D **BOCA RATON FL 33431** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITI F TITLE ☐ Delete RUSTINE, DAVID A. NAME NAME 3299 NW 2ND AVE, #200 STREET ADDRESS 4770 NW 2ND AVENUE, STE D STREET ADDRESS BOCA RATON, FL 33431 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** □ Delete TITLE TITLE RUSTINE, REBECCA NAME NAME 3299 NW JUD AVR, #300 BOCA RATON, FL 33431 4770 NW 2ND AVENUE, STE D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Addition ☐ Delete TITLE RUSTINE, DAVID A. NAME NAME 4770 NW 2ND AVENUE, STE D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Addition ☐ Detete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS 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

David Kustive

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

119/10 (561) 797-800