

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J45706

1. Entity Name

TROPIC REAL ESTATE SCHOOL, INC.

Principal Place of Business

2715 N.E. 16TH STREET  
POMPANO BEACH FL 33062

Mailing Address

2715 N.E. 16TH STREET  
POMPANO BEACH FL 33062

2. Principal Place of Business

2641 E. ATLANTIC Blvd.  
Suite, Apt. #, etc.  
303

3. Mailing Address

2715 N.E. 16 ST  
Suite, Apt. #, etc.  
N/A

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33062

Country

Broward

Zip

33062

Country

Broward

6. Name and Address of Current Registered Agent

EISENBERG, LOU  
2751 NE 16 ST.  
POMPANO BCH. FL 33062

7. Name and Address of New Registered Agent

Name

N/A

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

Louis Eisenberg

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Apr 12, 01

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, 2001 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

TITLE P  
NAME EISENBERG, LOU  
STREET ADDRESS 2751 NE 16 ST.  
CITY-ST-ZIP POMPANO BCH. FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
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

Louis Eisenberg

Date

Apr 12-01

Daytime Phone #

954-781-7795

FILED  
Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90274 018 \*\*\*150.00

00037484



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)