

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90129 047 ***150.00

DOCUMENT # J45706

1. Entity Name
TROPIC REAL ESTATE SCHOOL, INC.



Principal Place of Business
2641 E ATLANTIC BLVD
303
POMPANO BEACH FL 33062

Mailing Address
2751 NE 16TH STREET
POMPANO BEACH FL 33062



2. Principal Place of Business
2641 E. ATLANTIC Blvd. *

Suite, Apt. #, etc.

303

3. Mailing Address

2751 N.E. 16 Street

Suite, Apt. #, etc.

HOME

☐ CHECK HERE IF MAKING CHANGES

City & State
POMPANO BEACH, FL.

City & State
POMPANO BEACH, Florida

4. FEI Number **59-2747899**

Applied For
Not Applicable

Zip
33062

Country
U.S.A.

Zip
33062

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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 **None**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LOU EISENBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 12, 2003 954-781-7745

Date Daytime Phone #

CR2E034 (10/02)