## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # J77366**

MASUCCI, DONATO

SIGNATURE

11.

TITLE

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE NAME

CITY-ST-ZIP

CITY-ST-ZIF

CITY-ST-ZIP

1256 NE 92ND STREET MIAMI SHORES FL 33138

9. This corporation is eligible to satisfy its Intangible

MASUCCI, DONATO

1256 NE 92ND ST.

MIAMI SHORES FL

FERRARO, HARIA

1042 NE 91 TERR.

MIAMI SHORES FL 33138

Tax filing requirement and elects to do so.

(See criteria on back)

PTD

VSD

1. Entity Name

TROPIC INVESTMENTS OF MIAMI, INC.

Principal Place of Business 156 NE 92ND ST. IAMI SHORES FL 33138		Mailing Address (*)		
		Mailing Address [ 1 ] 1256 NE 92ND ST. [ 1 ] MIAMI SHORES FL 33138-2937		
. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		-
Zíp	Country	Zip	Country	

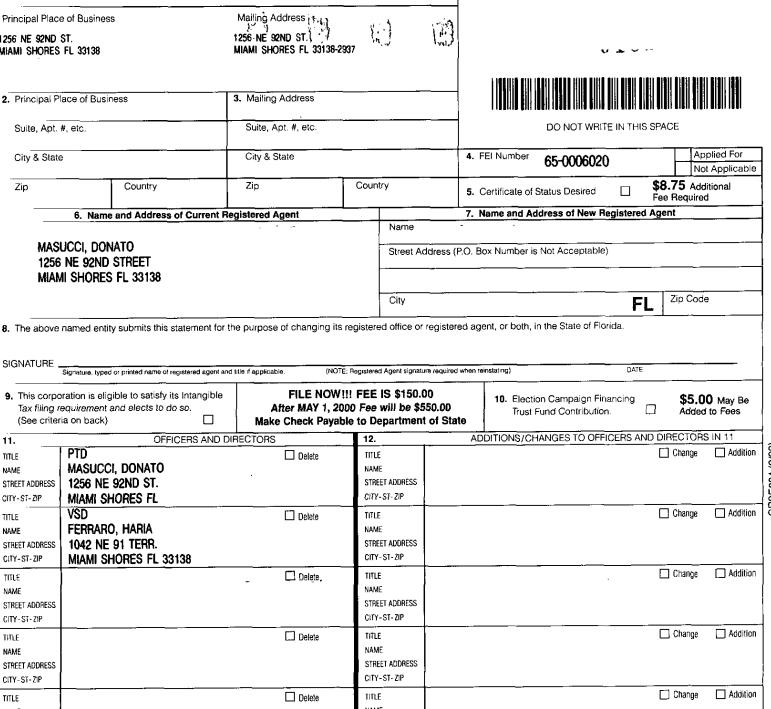
6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

## FILED Feb 19, 2000 8:00 am Secretary of State

02-19-2000 90012 019 \*\*\*150.00



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 alLother like empowered.

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

☐ Delete

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12.

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-00

☐ Change

☐ Addition