

2001 UNIFORM BUSINESS REPORT (UBR)

0006592 AF

DOCUMENT # L00000011745

1. Entity Name
TROPICAL ASPHALT PRODUCTS, LLC

FILED

01 MAR 28 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1904 SOUTH 31ST AVENUE
HALLANDALE FL 33009

Mailing Address
1904 SOUTH 31ST AVENUE
HALLANDALE FL 33009

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
74 2985031

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIPNIS TESCHER LIPPMAN & VALINSKY
100 NORTHEAST THIRD AVENUE, SUITE 610
FORT LAUDERDALE FL 33301-1165

Name ~~Richard Zegelbone~~
Street Address (P.O. Box Number is Not Acceptable)
1904 SW 31 Ave
City Hallandale FL Zip Code 33009

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 DATE 2/28/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
Richard Zegelbone
STREET ADDRESS 1904 SW 31 Ave
CITY-ST-ZIP Hallandale FL 33009

TITLE NAME Change Addition
200003985582--8
-04/11/01--01005--007
*****50.00 *****50.00

TITLE NAME Delete
George Buckhold
STREET ADDRESS 1904 SW 31 Ave
CITY-ST-ZIP Hallandale FL 33009

TITLE NAME Change Addition
200003985582--8
-04/11/01--01005--008
*****5.00 *****5.00

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)

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