

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90038 046 ****50.00

DOCUMENT # L00000015433

1. Entity Name

TROP USA, LLC

TROP



Principal Place of Business

**1730 MAIN STREET SUITE 228
WESTON FL 33327**

Mailing Address

**1730 MAIN STREET SUITE 228
WESTON FL 33327**

2. Principal Place of Business

12711 West Sunrise Blvd

3. Mailing Address

12711 West Sunrise Blvd

Suite, Apt. #, etc.

Sunrise, Fl.

Suite, Apt. #, etc.

Sunrise, Fl.

City & State

33323 USA.

City & State

33323 USA.

Zip

Country

Zip

Country

4. FEI Number

65-1067158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ALVAREZ, MARIA T
566 STONEMONT DR.
WESTON FL 33326**

7. Name and Address of New Registered Agent

Name **Alvarez Maria Teresa**

Street Address (P.O. Box Number is Not Acceptable)

2551 Eagle Run Dr.

Weston Fl. 33327

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)

Maria T Alvarez

1/31/03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **PD** ☐ Delete
NAME **ALVAREZ, CARLOS**
STREET ADDRESS **12711 WEST SUNRISE BLVD.**
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 (10/02)