2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State
03-16-2001 90001 041 ***158.75

0273072

DOCUMENT # M00345

1. Entity Name
TROPICAL COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
9821 N.W. 80 AVENUE 5A HIALEAH GARDENS FL 33016 US	C/O WILLIAM F DEVIERNO 8635 SW 49 STREET COOPER CITY FL 33328

2. Principal Place of Business		3. Mailing Address: 9821 NW 80 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.: 5-A	
City & State		City & State: HIALEAH GARDENS, FL	
Zip	Country	Zip: 33016	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2405537 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEVIERNO, WILLIAM F. 8635 SW 49 STREET COOPER CITY FL 33328	Name: DEVIERNO, WILLIAM F Street Address (P.O. Box Number is Not Acceptable): 14100 SW 31 ST City: DAVIE FL Zip Code: 33330

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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEVIERNO, WILLIAM F. 8635 SW 49 STREET COOPER CITY FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEVIERNO, WILLIAM F 14100 SW 31ST DAVIE, FL 33330 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEVIERNO, MARY A 8635 SW 49 STREET COOPER CITY FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEVIERNO, MARY A 14100 SW 31ST DAVIE, FL 33330 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE 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: _____ 2/19/01 305-821-4850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)