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

DO NOT WRITE IN THIS SPACE

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

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

DEVIERNO, WILLIAM F.
8635 SW 49 STREET
COOPER CITY FL 33328

7. Name and Address of New Registered Agent

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

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	PD	☐ Delete	TITLE	PD	☑ Change ☐ Addition
NAME	DEVIERNO, WILLIAM F.		NAME	DEVIERNO, WILLIAM F	
STREET ADDRESS	8635 SW 49 STREET		STREET ADDRESS	14100 SW 31ST	
CITY-ST-ZIP	COOPER CITY FL		CITY-ST-ZIP	DAVIE, FL 33330	
TITLE	S	☐ Delete	TITLE	S	☑ Change ☐ Addition
NAME	DEVIERNO, MARY A		NAME	DEVIERNO, MARY A	
STREET ADDRESS	8635 SW 49 STREET		STREET ADDRESS	14100 SW 31ST	
CITY-ST-ZIP	COOPER CITY FL		CITY-ST-ZIP	DAVIE, FL 33330	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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 all other like empowered.

SIGNATURE: [signature] 2/19/01 305-821-4850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #