

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 28, 2000 08:00 AM**
Secretary of State**DOCUMENT # M98933****1. Entity Name**
TROPIX INTERNATIONAL CORP.

Principal Place of Business	Mailing Address
6601 LYONS RD SUITE 17 COCONUT CREEK 33073 US	6601 LYONS RD SUITE 17 COCONUT CREEK 33073 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
COCONUT CREEK FL	COCONUT CREEK FL
Zip	Country
33073	US

4. FEI Number	Applied For
65-0079930	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MATTIOLI CARLYN SUSAN
6601 LYONS RD SUITE 17
COCONUT CREEK
33073
US

7. Name and Address of New Registered Agent

Name
MATTIOLI CARLYN SUSAN
Street Address (P.O. Box Number is Not Acceptable)
7113 N.W. 45TH AVENUE
City
COCONUT CREEK
FL Zip Code
33073

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)

07/28/2000

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, 2000 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**

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	LEE, LESLIE LOUANNE
STREET ADDRESS	16 TRINIDAD CRESCENT
CITY-ST-ZIP	PORT OF SPAIN, TR

TITLE	DC <input checked="" type="checkbox"/> Delete
NAME	LEE, CYRIL
STREET ADDRESS	1001 SE 6TH AVE A206
CITY-ST-ZIP	DEERFIELD BCH FL

TITLE	VPT <input type="checkbox"/> Delete
NAME	MATTIOLI, CARLYN SUSAN
STREET ADDRESS	7113 NW 45TH AVE.
CITY-ST-ZIP	COCONUT CREEK FL

TITLE	P <input type="checkbox"/> Delete
NAME	MATTIOLI MICHAEL
STREET ADDRESS	7113 NW 45TH AVE.
CITY-ST-ZIP	COCONUT CREEK FL

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTIOLI MICHAEL
STREET ADDRESS	555 JEFFERSON DRIVE, BLDG 1, APT 111
CITY-ST-ZIP	DEERFIELD BEACH FL 33442

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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** Carlyn Mattioli

VP 07/28/2000