2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 29, 2002 8:00 am
Secretary of State
04-09-2002 91182 050 ****61.25

DOCUMENT # N01000001819

1. Entity Name

TROPICARE VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~8446 NW 58 STREET~~ ~~MIAMI FL 33166~~	~~8446 NW 58 STREET~~ ~~MIAMI FL 33166~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2500 NW 97th Ave	2500 NW 97th Ave
Suite, Apt. #, etc.: # 200	Suite, Apt. #, etc.: # 200
City & State: Miami	City & State: Miami FL
Zip: Fl 33172 Country: USA	Zip: 33172 Country: USA

4. FEI Number: 65-1086195 ☐ 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
~~SHERMAN, THOMAS G~~ ~~218 ALMERIA AVENUE~~ ~~CORAL GABLES FL~~	Name: EDUARDO ROTUNDO Street Address (P.O. Box Number is Not Acceptable): 2500 NW 97th Ave # 200 City: MIAMI FL Zip Code: 33172

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: Eduardo Rotundo Eduardo Rotundo/Manager 3/27/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~JAIME, CAMILO~~ ~~8446 NW 58 STREET~~ MIAMI FL 33166	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D ALONSO TAJES 3831 SW 147 Ave # 102 Miami, Fl 33185	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ~~LADADA, VIVIAN J~~ ~~8446 NW 58 STREET~~ MIAMI FL 33166	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Henry GUZMAN 3851 SW 147 Ave # 104 Miami, Fl 33185	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ~~JAIME, VIVIAN~~ ~~8446 NW 58 STREET~~ MIAMI FL 33166	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Barbara Santiago 8851 SW 147 Ave # 102 Miami, Fl 33185	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Santiago BARBARA SANTIAGO 3/27/02 305 2447625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #