NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/2/

FILED
Apr 24, 2003 8:00 am
Secretary of State
04-02-2003 90056 011 ****61.25

DOCUMENT # N01000001819

1. Entity Name

TROPICARE VILLAS CONDOMINIUM ASSOC. INC.

55030446

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. BOX 831601	P.O. BOX 831601
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami Florida
Zip: 33283-16-01 Country: U.S.A.	Zip: 33283-1601 Country: U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1086195 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Michael Santiago

Street Address (P.O. Box Number is Not Acceptable): 3851 SW 147 Ave #102

City: Miami FL Zip Code: 33185

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: _____ 3/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P.D. NAME STREET ADDRESS CITY-ST-ZIP	Michael Santiago 3851 SW 147 Ave #102 Miami Fl. 33185
TITLE V.P. NAME STREET ADDRESS CITY-ST-ZIP	Henry Guzman 3851 SW 147 Ave. #104 Miami Fl 33185
TITLE S.D. NAME STREET ADDRESS CITY-ST-ZIP	Barbara Santiago #102 3851 SW. 147 Ave. Miami, Fl. 33185
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Michael Santiago 3/28/03 786-266-0375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #