

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 07, 2000 8:00 am  
Secretary of State

06-07-2000 90009 045 \*\*\*\*61.25

DOCUMENT # N94000003422

1. Entity Name

TROPICO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1614 EUCLID AVENUE  
MIAMI BEACH FL 33139  
US

1614 EUCLID AVENUE  
MIAMI BEACH FL 33139-7773  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

New:

GRAHAM, MICHAEL H  
7614 S.W. 106 AVE.  
MIAMI FL 33173

Hildegard Leschhorn  
306 Alcazar Ave Ste.303  
Coral Gables, FL 33134

Name

~~Global Investment Properties, Inc.~~

Street Address (P.O. Box Number is Not Acceptable)

306 Alcazar Ave.

Suite 303

City

Coral Gables

FL

Zip Code

33134

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

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GRAHAM, MICHAEL H.<br>7614 SW 106 AVENUE<br>MIAMI FL               | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>HIPERT, MANCY J.<br>1614 EUCLID AVE #32<br>MIAMI BEACH FL         | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>FELLER, TERRY LEE<br>1614 EUCLID AVE #31<br>MIAMI BEACH FL         | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MORALES, ALEXANDER<br>1614 EUCLID AVENUE, UNIT 34<br>MIAMI BEACH FL | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          | <input type="checkbox"/> Delete            |

|                                                |                                                                    |                                                                              |
|------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>Jeff Laney<br>1614 Euclid Ave. #31, Miami Beach, FL 33139    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>Ivan Alvarez<br>1614 Euclid Ave. #35 Miami Beach, FL 33139   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>Jose Zaldivar<br>1614 Euclid Ave. #21, Miami Beach, FL 33139 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:

*Jeffrey Laney*  
JEFFREY LANEY

Date 4/24/00

Daytime Phone #

CR2E037 (9/99)