2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State
05-24-2001 90002 031 ****61.25

DOCUMENT # N94000003422 ✓

1. Entity Name
Tropico Condominium Assoc.

Principal Place of Business	Mailing Address
1614 Euclid Ave. Miami Beach, Fl 33139	C/O Global Inv. Prop. 306 Alcazar Ave Ste. 303 Coral Gables, Fl 33134

. 659769

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	306 Alcazar Ave Suite, Apt. #, etc. 303
City & State	City & State Coral Gables, Fl 33134
Zip / Country	Zip / Country

4. FEI Number 65-0580728 ☐ 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
Leschhorn, Hildegarde CAM 306 Alcazar Ave Ste. 303 Coral Gables, Fl 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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)

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	DP Laney, Jeff 1614 euclid ave # 31 Miami Beach, Fl 33139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Andrew Smith 32 1614 Euclid Ave # 32 Miami Beach Fl 33139	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Alvarez, Ivan 1614 Euclid Ave # 35 Miami Beach, Fl 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP John Jachovisky 33 1614 Euclid Ave #33 Miami Beach, Fl 33139	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Zaldivar, Jose 1614 Euclid Ave # 21 Miami Beach, Fl 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Jose Zaldivar 1614 Euclid Ave #21 Miami Beach, Fl 33139	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Morales, Alexander 1614 Euclid Ave #34 Miami Beach, Fl 33139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Ivan Alvarez 1614 Euclid Ave #35 Miami Beach, Fl 33139	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dough Smith 36 1614 Euclid Ave # 36, Miami Beach, FL 33139	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/00)

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: X [signature] 4-30-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #