

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

1614 Euclid Ave.
 Miami Beach, FL
 33139

Mailing Address

C/O Global Inv. Prop.
 306 Alcazar Ave Ste. 303
 Coral Gables, FL 33134

2. Principal Place of Business

3. Mailing Address

306 Alcazar Ave

Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

659769

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$81.25

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

TITLE: DP
 NAME: Laney, Jeff ☒ Delete
 STREET ADDRESS: 1614 euclid ave # 31
 CITY-ST-ZIP: Miami Beach, FL 33139

TITLE: ST
 NAME: Alvarez, Ivan ☐ Delete
 STREET ADDRESS: 1614 Euclid Ave # 35
 CITY-ST-ZIP: Miami Beach, FL 33139

TITLE: DS
 NAME: Zaldivar, Jose ☐ Delete
 STREET ADDRESS: 1614 Euclid Ave # 21
 CITY-ST-ZIP: Miami Beach, FL 33139

TITLE: D
 NAME: Morales, Alexander ☒ Delete
 STREET ADDRESS: 1614 Euclid Ave #34
 CITY-ST-ZIP: Miami Beach, FL 33139

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DP
 NAME: Andrew Smith 32 ☒ Change ☒ Addition
 STREET ADDRESS: 1614 Euclid Ave # 32
 CITY-ST-ZIP: Miami Beach FL 33139

TITLE: DVP
 NAME: John Jachovsky 33 ☒ Change ☒ Addition
 STREET ADDRESS: 1614 Euclid Ave #33
 CITY-ST-ZIP: Miami Beach, FL 33139

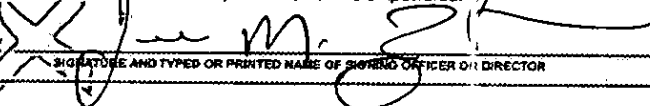
TITLE: DT
 NAME: Jose Zaldivar ☒ Change ☒ Addition
 STREET ADDRESS: 1614 Euclid Ave #21 -
 CITY-ST-ZIP: Miami Beach, FL 33139

TITLE: DS
 NAME: Ivan Alvarez ☒ Change ☒ Addition
 STREET ADDRESS: 1614 Euclid Ave #35 Miami Beach, FL 33139
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: P
 NAME: Dough Smith 36 ☒ Change ☒ Addition
 STREET ADDRESS: 1614 Euclid Ave #36, Miami Beach, FL 33139
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

Daytime Phone #

CR2E037 (11/00)