## 

TROPICAL HOMES & RENTALS INC. P. O. BOX 223074 HOLLYWOOD, FL. 33022-3074

Address

Office Use Only

**Examiner's Initials** 

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	(Corporation Name)		UUUU46118211 -09/26/0101037004 
2	(Corporation Name)	(Document #)	
3	(Corporation Name)	(Document #)	
4 Wall	(Corporation Name)  K in Pick up time	(Document #)	AFE CI TI
☐ Mail		Photocopy	Certificate of Status CORID
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other		AMENDMENTS  Amendment Resignation of R.A., Change of Registered Dissolution/Withdray Merger	Officer/Director
OTHER FILINGS  Annual Report Fictitious Name		REGISTRATION/QUA  Foreign Limited Partnership Reinstatement Trademark Other	LIFICATION TO ON ON THE
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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 2, 2001

TROPICAL HOMES & RENTALS INC. PO BOX 223074 HOLLYWOOD, FL 33022-3074

SUBJECT: BEAM INT'L MIAMI CORP.

Ref. Number: P00000002171

We have received your document for BEAM INT'L MIAMI CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Corporate Specialist

Letter Number: 601A00055351

,000000711



190 Southeast 19th Avenue Pompano Beach, Florida 33060 Phone 954/781-8800 Fax 954/785-8673 www.ahearncpa.com

Business and Financial Consultants Certified Public Accountants Chartered

October 12, 2001

Florida Department of Revenue Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Tropical Homes & Rentals, Inc.

Ref. No. P0000002771

Dear Sir or Madam:

As the accountants for the above named taxpayer, we are writing in response to your notice dated October 12, 2001 (see attached).

Please note that the reference number you are reflecting on your notice incorrectly reflects the last four numbers as 2171. The correct number is reflected above. We respectfully request that your records be adjusted accordingly.

If you have any questions, please feel free to contact me. Thank you in advance for your cooperation.

Sincerely,

AHEARN, JASCO + COMPANY

Certified Public Accountants

Glen S. Ferguson, CPA

For the Firm

cc: Claude Bernier

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTEGOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, undersigned corporation organized under the laws of the State of	or 617.1508, Florida Statutes, the $-100$ $-100$
submits the following statement in order to change its registered office of State of Florida.	
1. The name of the corporation: TROPICAL HOMES - RO	NTALS, INC.
2. The mailing address of the corporation: 1030 WASHING;	TON ST.
HOLLYWOOD, FL 33019	
3. Date of incorporation/qualification: 1-3-2000 Docume	ent number: <u>P000000</u> 277/
4. The name and address of the current registered agent and registered of	·
ROSS FIRTEL, P.A.	
BOCA RATON, FL	SSE 5
5. The name and address of the new registered agent (if changed) and /or	registered office (if changed):
CLAUDE BERNIER	
1030 Washington Street	
Hollywood, FL 33019	-
The street address of its registered office and the street address of the agent, as changed, will be identical.	business office of its registered
Such change was authorized by resolution duly adopted by its board of authorized by the board.	of directors or by an officer so
land V.P.	9/20/01
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Claude Bernier Vice Prus.	
(Printed or typed name and title)	ss for the above stated
corporation, I hereby accept the appointment as registered agent and is further agree to comply with the provisions of all statutes relative to performance of my duties, and I am familiar with and accept the obliging stered agent.	agree to act in this capacity. the proper and complete ation of my position as
[ (and ) V.P.	9/20/01
(Signature of Registered Agent) f signing on behalf of an entity:	(Date)
(Typed or Printed Name)	(Canacity)
,	(Capacity)

CR2E045(8/99)

\* \* \* FILING FEE: \$35.00 \* \* \*