

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

FILED

02 NOV 26 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 00000000 277-1

1. Entity Name

Tropical Homes & Rentals, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1030 Washington Avenue St.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, Florida

City & State

4. FEI Number

650969372

Applied For

Not Applicable

Zip

Country

Zip

Country

33019

-USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Claude Bernier

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

1030 Washington Avenue St.

City

Hollywood

FL

Zip Code

33019

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

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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President/Director  
Mario Sopena  
1030 Washington Ave Street  
Hollywood, FL 33019

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V.P., Sec, Treas, Director  
Claude Bernier  
1030 Washington Street  
Hollywood, FL 33019

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
George Acosta  
1030 Washington Street  
Hollywood, FL 33019

TITLE  
NAME  
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CITY-ST-ZIP

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**DO NOT WRITE  
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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:

Mario Sopena

11/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)