FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90544 005 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002771

1. Entity Name
Tropical Homes & Rentals, Inc.

DO NOT WRITE IN THIS SPACE

20018946
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1030 Washington Street Suite, Apt. #, etc.	1030 Washington Street Suite, Apt. #, etc.
City & State: Hollywood, FL.	City & State: Hollywood, FL.
Zip: 33019 Country: U.S.A.	Zip: 33019 Country: U.S.A.

4. FEI Number: 650969372 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE 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 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President/Director	TITLE	
NAME	Mario Sopcha	NAME	
STREET ADDRESS	1030 Washington St.	STREET ADDRESS	
CITY-ST-ZIP	Hollywood, FL. 33019	CITY-ST-ZIP	
TITLE	V.P./Treasurer/Director	TITLE	
NAME	Claude Bernier	NAME	
STREET ADDRESS	1030 Washington St.	STREET ADDRESS	
CITY-ST-ZIP	Hollywood, FL. 33019	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Ruben Coto	NAME	
STREET ADDRESS	1030 Washington St.	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Hollywood, FL. 33019	CITY-ST-ZIP	
TITLE	Director	TITLE	**IN THIS SPACE**
NAME	George Acosta	NAME	
STREET ADDRESS	1030 Washington St.	STREET ADDRESS	
CITY-ST-ZIP	Hollywood, FL. 33019	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #