

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90067 011 ***158.75

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DOCUMENT # P00000025401

1. Entity Name

THE TROPICAL APARTMENTS INVESTMENT GROUP, INC.

Principal Place of Business

**905 WEST PALM DRIVE
FLORIDA CITY FL 33034**

Mailing Address

**PO BOX 343090
FLORIDA CITY FL 33034**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

P.O. Box 524611

MIAMI, FL

33152

4. FEI Number

65-1055348

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ORTIZ, MANUEL D
905 W PALM DRIVE
FLORIDA CITY FL 33034**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **CMT** ☐ Delete
NAME **ORTIZ, MANUEL D**
STREET ADDRESS **PO BOX 343090**
CITY-ST-ZIP **FLORIDA CITY FL 33034**

TITLE **PS** ☒ Delete
NAME **HAMILTON, DURANN D**
STREET ADDRESS **PO BOX 343090**
CITY-ST-ZIP **FLORIDA CITY FL 33034**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Change ☒ Addition
NAME **MANUEL DAVILA ORTIZ**
STREET ADDRESS **P.O. Box 524611**
CITY-ST-ZIP **MIAMI, FL 33152**

TITLE **VP** ☐ Change ☒ Addition
NAME **GLADYS E. DAVILA**
STREET ADDRESS **P.O. Box 524611**
CITY-ST-ZIP **MIAMI, FL 33152**

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

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

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

13. 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 11 or Block 12 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

Date

Daytime Phone #

4/02/02 (305) 3895764

CR2E034 (9/01)