

# 2603 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90171 044 \*\*\*158.75

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**DOCUMENT # P00000047753**

1. Entity Name  
**T.R.O. PROPERTIES, INC.**



Principal Place of Business  
**6500 S.W. 46TH STREET**  
**MIAMI FL 33155**  
**SEE BELOW**

Mailing Address  
**1800 SW 27TH AVE**  
**SUITE #501**  
**MIAMI FL 33145**



2. Principal Place of Business  
**4195 S.W. 60th Place**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Miami, FL 33155**

City & State

4. FEI Number  
**65-1020015**

Applied For  
Not Applicable

Zip Country  
**33155 Miami-Dade**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MESA, FLORENTINO**  
**6500 S.W. 46TH STREET**  
**MIAMI FL 33155**

Name  
**FLORENTINO MESA**

Street Address (P.O. Box Number is Not Acceptable)  
**4195 S.W. 60th Pl.**

City Zip Code  
**Miami FL 33155**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MESA, TOMAS**  
**6500 S.W. 46TH STREET**  
**MIAMI FL 33155** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CARIDAD MESA**  
**4195 S.W. 60th Pl.**  
**Miami, FL 33155** ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MESA, RICARDO**  
**6500 S.W. 46TH STREET**  
**MIAMI FL 33155** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S PEREZ, OLINDA**  
**6500 S.W. 46TH STREET**  
**MIAMI FL 33155** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY**  
**OLINDA PEREZ**  
**4195 S.W. 60th Pl.**  
**Miami, FL 33155** ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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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 607, 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.

**PRESIDENT**

**SIGNATURE:** **SIGNATURE REQUIRED** **CARIDAD MESA**

**3/13th/03 (305) 345-90**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2F034 (10/02)

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