

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90249 039 ***150.00

DOCUMENT # **P00000064574** ✓

1. Entity Name

Tropical Design Landscape Management, Inc.

Principal Place of Business
2016 SE 21st Court
Homestead, FL 33035

Mailing Address
2016 SE 21st Court
Homestead, FL 33035

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1033162

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0065962

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARIO R. Delgado, P.A.
2151 S. LeJeune Road, Suite 202
Coral Gables, FL 33134

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

4-26-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Director	<input type="checkbox"/> Delete
NAME	Misael Omana	
STREET ADDRESS	2016 SE 21st Court	
CITY-ST-ZIP	Homestead, FL 33035	
TITLE	Secretary/Director	<input type="checkbox"/> Delete
NAME	Joel Omana	
STREET ADDRESS	2016 SE 21st Court	
CITY-ST-ZIP	Homestead, FL 33035	
TITLE	Treasurer/Director	<input checked="" type="checkbox"/> Delete
NAME	Alberto Gonzalez	
STREET ADDRESS	2016 SE 21st Court	
CITY-ST-ZIP	Homestead, FL 33035	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

M. Osmann **General Counsel** **4-26-01** **(305) 774 9210**

Date

Telephone Prefix

CR2E034 (11/00)