

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90878 003 \*\*\*150.00

DOCUMENT # P00000064574 ✓

1. Entity Name

Tropical Design Landscape Management, Inc.

**DO NOT WRITE IN THIS SPACE**

663044

2. Principal Place of Business

2616 S.E. 21st Court

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Homestead, FL

City & State

4. FEI Number

65-1033162

Applied For

Not Applicable

Zip

33035

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MISHAEL OMANA

Street Address (Do Not Include Non-Applicable)

2616 SE 21 CT.

City

HOMESTEAD

FL

33035

**DO NOT WRITE  
IN THIS SPACE**

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

*[Signature]*

4-26-02

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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: President / Director  
NAME: Misael Omana  
STREET ADDRESS: 2616 S.E. 21st Court  
CITY-ST-ZIP: Homestead, FL 33035

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

4-26-02

Date

(305) 219-1050

Daytime Phone #

CR2E034B (12/01)