

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078215

1. Entity Name

TROPICAL LANDINGS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -8 AM 8:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7901 West 25 Ave.

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay 3

City & State
Hialeah, FL

City & State

4. FEI Number 65-1045985

Applied For

Not Applicable

Zip
33016

Country
USA

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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MRS

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ROGER BESU

Street Address (P.O. Box Number is Not Acceptable)

1925 Brickell Ave., Suite D-206

City Miami

FL

Zip Code
33129

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]

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

(NOTE: Registered Agent signature required when reinstating)

8/7/2003

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Richard Rafuls
7901 W. 25 Ave., Bay 3, Hialeah, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Hector Marrero
7901 W. 25 Ave., Bay 3, Hialeah, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP
200022171702
08/08/03--01058--005 **458.75
200022171702
08/08/03--01058--006 **100.00

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IN THIS SPACE

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/2003

Date

(305) 883-8881

Daytime Phone #