

2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91322 043 ***150.00

DOCUMENT # P00000094351

1. Entity Name

TROPICAL PROPERTY MANAGEMENT SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

511 NW 136TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

511 NW 136TH AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE.

City & State
MIAMI, FL

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MIAMI, FL

4. FEI Number
65-1050662

Applied For
Not Applicable

Zip
33182

Country
USA

Zip
33182

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JAIME D. PENA

Street Address (P.O. Box Number is Not Acceptable)
511 NW 136TH AVENUE

City
MIAMI

FL

Zip Code
33182

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) ☐

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 \$5.00 May Be Trust Fund Contribution ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAIME D. PENA 511 NW 136TH AVE MIAMI, FL 33182
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**DO NOT WRITE
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jaime D. Pena*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 (305) 212-6885
Date Daytime Phone #