

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91294 046 ***158.75

0494758

DOCUMENT # P00000106972

1. Entity Name

TROPEZ HOLDING, INC.

Principal Place of Business

**2411 FISHER ISLAND DRIVE
 FISHER ISLAND FL 33109**

Mailing Address

**2411 FISHER ISLAND DRIVE
 FISHER ISLAND FL 33109**

U U U U U U U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7330 Ocean Terrace

3. Mailing Address

7330 Ocean Terrace

Suite, Apt. #, etc.

Apt. # 601

Suite, Apt. #, etc.

Apt. # 601

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33141

Country

USA

Zip

33141

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JORGE E ORTERO & ASSOCIATES PA
 75 VALENCIA AVE STE 400
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

J. Michael Vazquez

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

7330 Ocean Terrace

Apt. # 601

City

Miami Beach

FL

Zip Code

33141

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

J. Michael Vazquez

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

NOTE: Registered Agent signature required when reinstating.

5/1/01
 DATE

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

TITLE	D	<input type="checkbox"/> Delete
NAME	VAZQUEZ, J MICHAEL	
STREET ADDRESS	2411 FISHER ISLAND DRIVE	
CITY-ST-ZIP	FISHER ISLAND FL 33109	
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
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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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. Michael Vazquez	
STREET ADDRESS	7330 Ocean Terrace Apt. # 601	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathleen Vazquez	
STREET ADDRESS	2411 Fisher Island Dr.	
CITY-ST-ZIP	Fisher Island, FL 33109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

J. Michael Vazquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)