

FILED
Jul 11, 2002 8:00 am
Secretary of State

05-15-2002 90075 008 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **FD10000001249**

1. Entity Name **TROPICAL MANAGEMENT**
GROUP INC.

DO NOT WRITE IN THIS SPACE

38576

2. Principal Place of Business

800 W. Oakland Park Blvd.

3. Mailing Address

Same

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

City & State

Oakland Park, FL.

City & State

Zip

33311

Country

Zip

Country

4. FEI Number

65-1069089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Stanley Johnson Jr.**Street Address (P.O. Box Number is Not Acceptable)
4999 N.E. 2nd Ave.City **Miami Shores**

FL

Zip Code

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

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 / IT ID**
 NAME **RAYMOND MACKAY**
 STREET ADDRESS **800 W. Oakland Park Blvd. #302**
 CITY-ST-ZIP **Oakland Park, FL 33311**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VICE PRESIDENT / S/T M**
 NAME **DEANNE MACKAY**
 STREET ADDRESS **800 W. Oakland Park Blvd. #302**
 CITY-ST-ZIP **Oakland Park, FL 33311**

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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:

Deanne B. Mackey
 DEANNE B. MACKAY

DEANNE B. MACKAY

Date

05/01/02

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)