

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90220 003 \*\*\*150.00

**DOCUMENT # P02000062497**

1. Entity Name  
**TROPICAL TOWNCARS, INC.**



Principal Place of Business  
**5383 LONESOME DR  
KISSIMMEE FL 34746**

Mailing Address  
**5383 LONESOME DR  
KISSIMMEE FL 34746**



2. Principal Place of Business  
**9528 WOOD BREEZE BLVD**  
Suite, Apt. #, etc.

3. Mailing Address  
**7345 SAND LAKE**  
Suite, Apt. #, etc.  
**412**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**WINDERMERE**

City & State  
**ORLANDO, FLORIDA**

4. FEI Number  
**75-3062992**

Applied For  
Not Applicable

Zip  
**34786**

Country  
**ORANGE**

Zip  
**32819**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**VICARUDDIN, KAZI**  
**12477 S ORANGE BLOSSOM TRAIL**  
**ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name  
**WASEEM ANSARI**  
Street Address (P.O. Box Number is Not Acceptable)  
**9528 WOOD BREEZE BLVD**  
City  
**WINDERMERE** FL Zip Code  
**34786**

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 **X** Waseem Ansari  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/8/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>DPT ZAMAN, MUNAWAR 5383 LONESOME DR KISSIMMEE FL 34746</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS ZAMAN, AMBREEN 5383 LONESOME DR KISSIMMEE FL 34746</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT ZAMAN, MUNAWAR 9528 WOOD BREEZE BLVD WINDERMERE, FL 34786</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VIPID WASEEM ANSARI 9528 WOOD BREEZE BLVD WINDERMERE, FL 34786</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** WASEEM ANSARI **2/8/03** **407-909.1071**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #