

AMENDED

03

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 FEB -7 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P02000080322

1. Entity Name

TROPICAL PALM MORTGAGE, INC.

**DO NOT WRITE IN THIS SPACE**700010416597
01/22/03--01046--001 **61.252. Principal Place of Business
9040 SW 152 Street

Suite, Apt. #, etc.

3. Mailing Address

9040 SW 152 Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL 33157City & State
Miami, FL 33157

4. FEI Number

33-1013157

Applied For

Not Applicable

Zip
33157Country
USZip
33157Country
US5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

New

7. Name and Address of Current Registered Agent

Name

FRANCISCO A. VAZQUEZ

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

9040 SW 152 Street

City

Miami

FL

Zip Code
33157**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

700010416597

02/04/03--01038--005 **88.75

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. New OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President/Director/Sec/Treas.
Francisco A. Vazquez
9040 SW 152 Street
Miami, FL 33157TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY - ST - ZIP**DO NOT WRITE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

i 1/16/03 (306) 448-8838

CR2E034B (12/02)

75 2/13/03

FLORIDA DEPARTMENT OF THE STATE

Key
Secret

CO

January 23, 2003

TROPICAL PALM MORTGAGE, INC.
9040 S.W. 152ND STREET
MIAMI, FL 33157

SUBJECT: TROPICAL PALM MORTGAGE, INC.
Ref. Number: P02000080322

We have received your document for TROPICAL PALM MORTGAGE, INC. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$88.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 703A00004166