

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000076191

1. Entity Name
TROPIX EXPRESS, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90013 009 ***150.00

Principal Place of Business
750 S.W. 34TH STREET
SUITE 209
FT. LAUDERDALE FL 33315

Mailing Address
2685 NW 56TH ST
HANGAR 53A & B
FT. LAUDERDALE FL 33309-2673



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2695 N.W. 56 STREET.

3. Mailing Address
2695 N.W. 56 STREET.

Suite, Apt. #, etc.
HANSER 53 B.

City & State
FT. LAUDERDALE.

Zip
FL 33309

Country
USA.

4. FEI Number **65-0468588**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLS, CARITA M
1435 WEST BUSCH BLVD.
SUITE A
TAMPA FL 33612

Name _____

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

City **FL** Zip Code _____

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 _____ (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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARON, DENISE 5220 N.E. 15TH AVE. FT. LAUDERDALE FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BURROWS, ALAN EDEN ESTATES NASSAU BAHAMAS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PFENNINGER, ASTRID 851 S.W. 1ST AVE. POMPANO BCH. FL 33060 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ALAN J. BURROWS** Date: **30 MAR 2000** (954) Daytime Phone #: **776-0838**

CR2E034 (9/99)