## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 12, 2002 8:00 am DOCUMENT # P94000029857 **Secretary of State** 1. Entity Name 03-12-2002 90269 036 \*\*\*150 00 TROPICS MACHINERY & EQUIPMENT SALES INC. Principal Place of Business Mailing Address 1181 SE 9TH TERR 1181 SE 9TH TERR HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address SAME GAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0489362 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent X000 Μ SILVA, ANTONIO M O. Box Number is Not Acceptable) 9730 HAMMOCKS BLVD. CHACE **APT. 203 MIAMI FL 33196** City 8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida SĮĢNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE NELSON, KEITH L. NAME 1181 SE 9TH TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010 CITY-ST-ZIP ۷P ☐ Delete Change ☐ Addition TITLE TITLE ANTONIO, SILVA NAME NAME 1181 SE 9TH TERR STREET ADDRESS STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP CITY-ST-ZIP Secretary Gilva Secretary Rith Argob Nelson TITLE Delete - 🔲 Change Addition TITLE: ntonio Silva. NAME NAME 615 Wast Park Drive #202 STREET ADDRESS STREET ADDRESS Hialeah, FL 33010 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33172 Treusure/ **Addition** TITLE Delete TITLE Change (Cass(C! Intonio M. Silva. ath Nolson 1181 SE 4m Tellace NAME NAME TI BI SE am Telle STREET ADDRESS STREET ADDRESS Hulah, FL 33010 FL 33010 CITY-ST-7IP CITY-ST-7(P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered be effected this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachmen