

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000044187

1. Entity Name
TROPIC CAY MERRIMAC BEACH HOTEL INC.

FILED

02 NOV 15 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
551 NORTH ATLANTIC BLVD.
FT. LAUDERDALE FL 33304

Mailing Address
551 NORTH ATLANTIC BLVD.
FT. LAUDERDALE FL 33304



REINSTATEMENT
DO NOT WRITE IN THIS SPACE

02

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0499120

Applied For
Not Applicable

Zip Country

Zip Country

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

ASHOK, DALAL A
1266 N.E. 167TH ST
NORTH MIAMI FL 33167

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Ashok Dalal*

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) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE NAME ☐ Delete
D MOTWANI, RAMOLA
STREET ADDRESS 551 N. ATLANTIC BLVD.
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE NAME ☐ Change ☐ Addition
900008583749
10/25/02--01011--016 **750.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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 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:

Ashok Dalal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-02

954-564-2345

CR2E034 (4/02)

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