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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 29, 2001 8:00 am DOCUMENT # **P94000087830** Secretary of State TROPIC - SHORES, INC. 03-29-2001 90416 022 ***150.00 Principal Place of Business Mailing Address 1906 S ATLANTIC AVE 1906 S ATLANTIC AVE DAYTONA SHORES FL 32118 DAYTONA SHORES FL 32118 UUUGUIGU 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3279021 Not Applicable Zip 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 KOUZOUDJIAN, GEORGE Street Address (P.O. Box Number is Not Acceptable) 1906 S ATLANTIC AVE **DAYTONA SHORES FL 32118** DAYTONE Zip Code 8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida JAN 3 0 2001 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE TITLE ☐ Change Delete KOUZOUDJIAN, GEORGES NAME NAME 436 AUBURN DR #50 STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32118 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ent Donic LEVY, DAVID NAME NAME 40F# 1401 S PALMETTO AVE, #202 STREET ADDRESS STREET ADDRESS 1401 & PALY DAYTONA BEACH FL 32114 CITY-ST-ZIP CITY-ST-ZIP BRAU Addition JITLE_ . Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition 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 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 pthe like empowered.