

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90021 033 \*\*\*158.75

**DOCUMENT # P95000035973**

1. Entity Name

**TROPICARE HOMES, INC.**

Principal Place of Business

Mailing Address

1840 WEST 49TH STREET  
 SUITE 226  
 HIALEAH FL 33012

1840 WEST 49TH STREET  
 SUITE 226  
 HIALEAH FL 33012-2949

LUU4J000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8446 NW 58 St.  
 Suite, Apt. #, etc.

8446 NW 58 St.  
 Suite, Apt. #, etc.

City & State

City & State

Miami, Fla

Miami, FL

Zip

Country

Zip

Country

33166 U.S.A.

33166 U.S.A.

4. FEI Number

65-0592742

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

AVCHEN, BARNEY B  
 1840 WEST 49TH STREET  
 SUITE 226  
 HIALEAH FL 33012

Name

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

City

FL

Zip Code

Tom Sherman  
 218 Almeria AVE  
 Coral Gables FL 33134

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 Tom Sherman, RA

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

(NOTE: Registered Agent signature required when reinstating)

2/15/00  
 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

TITLE	D	<input type="checkbox"/> Delete
NAME	JAIME, CAMILO M	
STREET ADDRESS	13000 OLD CUTLER RD	
CITY-ST-ZIP	PINECREST FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAIME, VIVIAN G	
STREET ADDRESS	13000 OLD CUTLER RD	
CITY-ST-ZIP	PINECREST FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 officers empowered.

SIGNATURE: Vivian G. Jaime, Dirctr 2/15/00

CR2E034 (9/99)