

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90005 021 ***150.00

DOCUMENT # P95000063710

1. Entity Name
TROPICAL WAVE LANDSCAPING, INC.

Principal Place of Business

7515 SW 122 ST.
MIAMI FL 33156
US

Mailing Address

P.O. BOX 560936
MIAMI FL 33256
US

2. Principal Place of Business

10701 SW 83rd.
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 560936
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-0602444

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33256

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, RAMON
7515 S.W. 122 STREET
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name **Ramon H. Gonzalez**

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

10701 SW 83rd.

City **MIAMI**

FL

33156

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

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 12, 2001 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

TITLE	PT	<input type="checkbox"/> Delete
NAME	GONZALEZ, RAMON H	
STREET ADDRESS	7515 S.W. 122 STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GONZALEZ, OLGA LEILA	
STREET ADDRESS	P.O. BOX 560936	
CITY-ST-ZIP	MIAMI FL 33256	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	
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NAME	
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 like empowered.

SIGNATURE: *Ramon H. Gonzalez* **3/9/02 305-595-9566**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Daytime Phone #**

CR2E034 (5/01)