## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P95000082871 **DOCUMENT #**

1. Entity Name

TROPICS LAND SURVEYING, INC.



**FILED** Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90123 031 \*\*\*150.00

Principal Place of Business 16110 SW 154 AVE MIAMI FL 33187 JS			16110	Mailing Address 16110 SW 154 AVE MIAMI FL 33187 US								
2. Principal F	lace of Busin	ness	3. Mai	3. Mailing Address					<b>CONTINUENT</b> NA	<b>18</b> 1 (1811) [8		
Suite, Apt.	#, etc.	<u>.</u>	Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	e		City	City & State			4.	CE 064049E			plied For t Applicable	-
Zip Country			Zip		Coun	Country		Certificate of Status Desired [	□ <b>\$8.</b> Fee	<b>8.75</b> Additional ee Required		
	ed Agent			7.	Name and Address of New Regis	tered Ager	nt		]			
BRUCE, SI				· •••		Name Street Address (P.O. Box Number is Not Acceptable)						
7515 SW 1 MIAMI FL 3						-		·	•			
						City				Zip Code		
	named entit tions of regis		t for the purp	ose of changing its	registere	ed office or regis	tered ag	ent, or both, in the State of Florida	I am famil	iar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered ag	ent and title if app	olicable. (NOTE	E: Registere	d Agent signature requ	ired when r	einstating)	DATE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of				State				9. Election Campaign Financi Trust Fund Contribution.	ng 🗆		<b>0</b> May Be to Fees	
10.		OFFICERS AN		l PRS	11.			DDITIONS/CHANGES TO OFFICER	RS AND DIF	RECTORS	S IN 11	1
ŢITLE NAME		. 154 AVENUE		☐ Delete		· I				Change	Addition	(00/01/ 700)
TITLE NAME STREET ADDRESS	MIAMI FL 3	33 107	•	☐ Delete	TITLS NAM STRE	E Et address				Change	Addition	- 1000
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CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP				☐ Delete	NAM STRE	<u> </u>				Change	Addition	-
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I .				Change	Addition	
12 I hereby	certify that th	e information supplied v	vith this filing	does not qualify for	r the exe	motion stated in	Section	119.07(3)(i), Florida Statutes, I furt	her certify t	hat the in	nformation	1

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**