

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P97000016415

1. Entity Name

TROPICAL PARADISE BEACH SALES CORP.

FILED

00 SEP 12 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4045 SHERIDAN AVENUE, SUITE 282
MIAMI BEACH FL 33140

Mailing Address

4045 SHERIDAN AVENUE, SUITE 282
MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0730713

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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.

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 13, 2000 Min. 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
STREET ADDRESS
CITY - ST - ZIP
PSTD
FREEZER, ASHER
4045 SHERIDAN AVENUE, SUITE 282
MIAMI BEACH FL 33140 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
2000003397942--6
-09/19/00--01037--004
***150.00 ***150.00

TITLE
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CITY - ST - ZIP
☐ Delete

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 2001415/000

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AFFIDAVIT IN SUPPORT OF
REQUEST TO WAIVE THE
FLORIDA DEPARTMENT OF STATE
CORPORATE ANNUAL REPORT LATE FEES

STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE)

1. Asher Freezer is the President of TROPICAL PARADISE BEACH SALES CORP., a Florida corporation, (hereinafter "Corporation").

2. That the Corporation failed to file its 2000 Uniform Business Report or pay the 2000 Uniform Business Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:

- 2.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State were received by the Corporation; and,
- 2.2 the Annual Report and the Annual Report fee was signed and forwarded to the Florida Department of State for filing on April 28, 2000;
- 2.3 check number 2070 in the amount of \$150.00 representing the Annual Report filing fee was never cashed by the Florida Department of State;

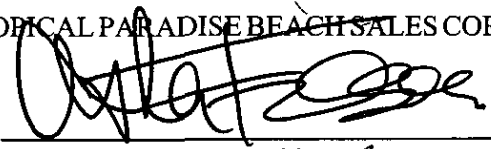
3. The Corporation requests the Florida Department of State waive the late fee for the Corporation upon the payment by the Corporation of its 2000 Uniform Business Report filing fee, which are presented simultaneously with this Affidavit.

4. TROPICAL PARADISE BEACH SALES CORP. satisfies the requirements of the Florida Statutes 607.0401.

Dated: 11 day of September, 2000

FURTHER, AFFIANT SAYETH NOT

TROPICAL PARADISE BEACH SALES CORP.

By: 
Asher Freezer, President

SWORN AND SUBSCRIBED
before me this 11 day of September, 2000.


Notary Public, State of Florida at Large

Printed Name: _____

Commission Expires: _____

