

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90822 040 ***150.00

DOCUMENT # P97000028133

1. Entity Name
TROPICS REALTY GROUP, INC.



Principal Place of Business

**9999 SUNSET DRIVE
SUITE 201
MIAMI FL 33173
US**

Mailing Address

**9999 SUNSET DRIVE
SUITE 201
MIAMI FL 33173
US**

2. Principal Place of Business

**13205 SW 137 Ave
Suite, Apt. #, etc.
#222**

3. Mailing Address

**13205 SW 137 Ave
Suite, Apt. #, etc.
#222**

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33186

Country

MIAMI-DADE

Zip

33186

Country

MIAMI-DADE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0739395

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FREEMAN, STEPHEN A
520 BRICKELL KEY DRIVE STE 0-305
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SULLIVAN, KATHLEEN**
STREET ADDRESS **9999 SUNSET DRIVE, STE 201**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **D** ☐ Delete
NAME **MACAU, ALEJANDRO**
STREET ADDRESS **9999 SUNSET DRIVE, STE 201**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **13205 SW 137 Ave**
STREET ADDRESS **#222**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☒ Change ☐ Addition
NAME **13205 SW 137 Ave**
STREET ADDRESS **#222 MIAMI, FL. 33186**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathleen Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/03 305/398-2744

CR2E034 (10/02)