

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034822

1. Entity Name
TROPIC PROVIDER CORP.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90015 030 ***150.00

Principal Place of Business

4729 MW 103RD AVE
SUNRICE FL 33351
US

Mailing Address

210 UNIVERSITY DRIVE
#502
CORAL SPRINGS FL 33071

928032



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1741 NW 27th Ave

Suite, Apt. #, etc.

3. Mailing Address

3000 N. UNIVERSITY DR

Suite, Apt. #, etc.

STE E

City & State

Pompano Beach FL

City & State

CORAL SPRINGS, FL

Zip

33065

Country

Zip

33065

Country

4. FEI Number

65-0744710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOULART, ANTONIO
210 UNIVERSITY DRIVE
#502
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

Newton Antunes

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

1741 NW 27th Ave

City

Pompano Beach

FL

Zip Code

33062

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 \$150.00
After MAY 1, 2001 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

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	GOULART, ANTONIO	
STREET ADDRESS	210 UNIVERSITY DR, #502	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	GOULART, MARILDA	
STREET ADDRESS	210 UNIVERSITY DR, #502	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MONTIERO, LUIS C	
STREET ADDRESS	9197 RAMBLEWOOD DR	
CITY-ST-ZIP	CORAL SPRING FL 33071	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MONTIERO, MONICA G	
STREET ADDRESS	9197 RAMBLEWOOD DR	
CITY-ST-ZIP	CORAL SPRING FL 33071	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Newton Antunes	
STREET ADDRESS	1741 NW 27th Ave	
CITY-ST-ZIP	Pompano Beach, FL 33062	
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)