

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

DOCUMENT # P97000034822

1. Entity Name

TROPIC PROVIDER CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1741 NE 27TH AVE

Suite, Apt. #, etc.

3. Mailing Address
1741 NE 27TH AVE

Suite, Apt. #, etc.

City & State
POMPAÑO BEACH

City & State
POMPAÑO BEACH

Zip
33062

Country
USA

Zip
33062

Country
USA

4. FEI Number
65-0744710

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
NEWTON ANTUNES

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

1741 NE 27th AVE

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

SIGNATURE

Newton Antunes

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

(NOTE: Registered Agent signature required when reinstating)

10/13/03

DATE

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
NEWTON ANTUNES
1741 NE 27th AVE
POMPAÑO BEACH, FL 33062

TITLE
NAME
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CITY-ST-ZIP

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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 on an attachment with an address, with an other like empowered.

SIGNATURE:

Newton Antunes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-03 954 7835084

DATE

Daytime Phone #

FILED

03 NOV -5 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400023905464
10/17/03--01045--017 **150.00

RECEIVED
DO NOT WRITE IN THIS SPACE

CR200348 (12/02)

1741 NE 27th Ave
Pompano Beach, FL 33062

RE: TROPIC PROVIDER CORP.

P97000034822

~~DEAR STATE DEPARTMENT,~~

PLEASE WAIVE MY REINSTATEMENT FEE BECAUSE I DID NOT RECEIVE
THE ANNUAL UNIFORM BUSINESS REPORT NOTICE. I HAVE CHANGED MY
MAILING ADDRESS SO PLEASE TAKE NOTE OF IT AND CHANGE IT IN YOUR
RECORDS. THANK YOU.

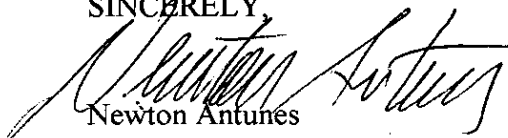
MY OLD ADDRESS:

3000 N. UNIVERSITY STE E
POMPAÑO BEACH, FL 33065

MY NEW ADDRESS:

1741 NE 27th Ave
Pompano Beach, FL 33062

SINCERELY,


Newton Antunes