

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**  
 03-29-2001 90395 038 \*\*\*158.75

0096240

**DOCUMENT # P97000044395**  
 1. Entity Name  
**TROPICAL GEAR INCORPORATED**

Principal Place of Business <b>5340 NW 161ST STREET HIALEAH FL 33014</b>	Mailing Address <b>P.O. BOX 5121 HIALEAH FL 33014</b>
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2. Principal Place of Business <b>7495 W 2ND COURT</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>HIALEAH, FL</b>	City & State
Zip <b>33014</b>	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0839959**

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

6. Name and Address of Current Registered Agent  
**QUAN, JAIME  
 5340 NW 161ST STREET  
 HIALEAH FL 33014**

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

7. Name and Address of New Registered Agent

Name **QUAN, JAIME**

Street Address (P.O. Box Number is Not Acceptable)  
**7495 W 2ND COURT**

City **HIALEAH** FL Zip Code **33014**

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 *Jaime Quan* DATE 3/21/01

Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

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 <b>D</b>	<input type="checkbox"/> Delete
NAME <b>QUAN, JAIME</b>	
STREET ADDRESS <b>5340 NW 161ST STREET</b>	
CITY-ST-ZIP <b>HIALEAH FL 33014</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>QUAN, JAIME</b>	
STREET ADDRESS <b>7495 W 2ND COURT</b>	
CITY-ST-ZIP <b>HIALEAH, FL 33014</b>	
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	

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: *Jaime Quan* DATE 3/21/01 DAYTIME PHONE # 305625-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)