

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

5/24

FILED
Jul 16, 2002 8:00 am
Secretary of State

05-24-2002 91329 046 ***150.00

DOCUMENT # **P98000001866**

1. Entity Name

Tropical Cutters I, Inc.

DO NOT WRITE IN THIS SPACE

38832

2. Principal Place of Business

2480 W. Hammondville Rd.

Suite, Apt., etc.

Suite 4B

City & State

Pompano Beach, FL

Zip

33069

Country

same

3. Mailing Address

same

Suite, Apt., etc.

same

City & State

same

Zip

same

Country

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DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1106399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Manuel D. Romero

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

2480 W. Hammondville Rd.

City

Pompano Beach

FL

33069

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IN THIS SPACE**

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

5/1/02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **President**
NAME **Romero, Manuel D.**
STREET ADDRESS **2480 W. Hammondville Rd.**
CITY- ST- ZIP **Pompano Beach, FL 33069**

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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 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 #

5/1/02
954-709-7585