

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90082 049 ***150.00

DOCUMENT # P99000013401

1. Entity Name

TROPICAL TOURS & CRUISES, INC.

Principal Place of Business

Mailing Address

1460 S. SEMORAN BLVD.
 ORLANDO FL 32807

1460 S. SEMORAN BLVD.
 ORLANDO FL 32807-2918

2. Principal Place of Business

2200 N. Forsyth Rd.

3. Mailing Address

2200 N. Forsyth Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Orlando, Florida

Orlando, Florida

Zip 32807

Country Orange

Zip 32807

Country Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number

593560655

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARCANO, AIDA E
 1460 S. SEMORAN BLVD.
 ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name Carlos Rodriguez
 Street Address (P.O. Box Number is Not Acceptable) 9414 Brackin St.
 City Orlando FL Zip Code 32825

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: *Carlos Rodriguez* Carlos Rodriguez / President DATE: 3-25-00

9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	DVPT	<input type="checkbox"/> Delete
NAME	REVERON, AURORA	
STREET ADDRESS	9414 BRACKIN ST.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, CARLOS	
STREET ADDRESS	9414 BRACKIN ST.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	MARCANO, AIDA E	
STREET ADDRESS	1065 LEJAY ST.	
CITY-ST-ZIP	ORLANDO FL 32825	
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		<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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlos Rodriguez	
STREET ADDRESS	9414 BRACKIN ST.	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANA BURGOS	
STREET ADDRESS	9405 Emily Loop Apt. 103	
CITY-ST-ZIP	Orlando, FL 32817	
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: *Carlos Rodriguez* Carlos Rodriguez DATE: 3-25-00 (407) 671-7124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)