## ~2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000021243** May 05, 2000 8:00 am Secretary of State TROPICAL HOME EMPORIUM INC. 05-05-2000 90108 029 \*\*\*150.00 Mailing Address Principal Place of Business 10833 NW 29TH STREET 10833 NW 29TH STREET MIAMI FL 33193-2811 FL 33172 3. Mailing Address 2. Principal Place of Business 15401 sw 60street 15401 SW 60th Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0900894 Applied For City & State City & State Not Applicable miami Miami Country Zip 39193 \$8.75 Additional --Country 5. Certificate of Status Desired -3193 USA US4 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROMANO, MARIA C Street Address (P.O. Box Number is Not Acceptable) 10833 NW 29TH STREET **MIAMI FL 33172** Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition **PSTD** TITLE ☐ Delete TITLE ROMANO, MARIA C NAME NAME STREET ADDRESS 10833 NW 29TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF MIAMI FL 33172 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TIT! F Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIQUIDE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/00

(305) 382 2120

Daytime Phone #