

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90256 015 ***150.00

DOCUMENT # P99000088782

1. Entity Name
TROPIC MOTORS, INC.

Principal Place of Business

601 NW 31ST AVE

1A

POMPANO BEACH FL 33069

Mailing Address

8 FOREST HILL LN

BOCA RATON FL 33431

361386



2. Principal Place of Business

2222 N. DIXIE

3. Mailing Address

2222 N. DIXIE HWY

Suite, Apt. #, etc.

2222 N. DIXIE HWY

Suite, Apt. #, etc.

West Palm Beh

City & State

West Palm Beh FL

City & State

FL

4. FEI Number **65-0963270**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

Zip

33407 Palm Beh

County

Palm Beh

Zip

33407 Palm Beh

County

Palm Beh

6. Name and Address of Current Registered Agent

FUCHS, LAWRENCE M

590 ROYAL PALM BEACH BLVD

ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name **Henk Schiffer**

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

21835 EL BOSQUE WAY

BOCA RATON FL 3

City

FL

Zip Code

33432

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

Henk Schiffer (SEC)

4,29,02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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	DPTS	<input type="checkbox"/> Delete
NAME	SCHIFFER, HENRY	
STREET ADDRESS	8 FOREST HILL LANE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHIFFER, HENK	
STREET ADDRESS	8 FOREST HILL LANE	
CITY-ST-ZIP	BOCA RATON FL 33431	
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	DPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIFFER HENRY	
STREET ADDRESS	21835 EL BOSQUE WAY	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIFFER, HENK	
STREET ADDRESS	21835 EL BOSQUE WAY	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	Just different addresses	<input checked="" 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		
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:

Henk Schiffer (SEC)

4,29,02 (56) 445-5337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)