

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090001

1. Entity Name

TROPICAL LIMOUSINE, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90098 044 ***150.00

Principal Place of Business

1290 WESTON ROAD
SUITE 218
WESTON FL 33326

Mailing Address

318 INDIAN TRACE
PMB 442
WESTON FL 33326-2996

2. Principal Place of Business

318 Indian Trace

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 442

City & State

Weston, FL

City & State

Zip

33331

Country

Zip

Country

4. FEI Number

05-0953325

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

(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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
WEBB, TIMOTHY M
1290 WESTON ROAD
WESTON FL 33326

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VTD
GARCIA, HECTOR A
1290 WESTON ROAD
WESTON FL 33326

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TITLE
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STREET ADDRESS
CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Timothy M. Webb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00
Date

(954) 384-7602
Daytime Phone #

CR2E034 (9/99)