

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093954

1. Entity Name

TROPICAL CREATION INC

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90122 015 ***150.00

Principal Place of Business

1000 PARKVIEW DR STE 1018
HALLANDALE FL 33009

Mailing Address

1000 PARKVIEW DR STE 1018
HALLANDALE FL 33009-2934

2. Principal Place of Business

FLORIDA - 1000 PARKVIEW DR

3. Mailing Address

TROPICAL CREATION

Suite, Apt. #, etc.

1018

City & State

HALLANDALE FL

Zip

33009

Country

US

City & State

HALLANDALE FL

Zip

33009

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0962771

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEYER, WILLIAM
1000 PARKVIEW DR STE 1018
HALLANDALE FL 33009

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

MR MEYER, WILLIAM

1000 PARKVIEW DR, 1018

HALLANDALE, FL, 33009

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MS SIKYE, ELIKA

1000 PARKVIEW DR, 1018

HALLANDALE, FL, 33009

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/00

854-4552534

CR2E034 (9/95)