

2000 UNIFORM BUSINESS REPORT (UBR)

10f2

DOCUMENT # P99000094417

1. Entity Name
ETROPICALS.COM, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 JUL 26 AM 9:56

Principal Place of Business
3210 N.W. 41ST STREET
MIAMI FL 33141

Mailing Address
3210 N.W. 41ST STREET
MIAMI FL 33141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0955254		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 33142	Country	Zip 33142	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PEREZ, BEHAR & ASSOCIATES, P.A. 14730 N.E. 10TH AVENUE N. MIAMI FL 33161				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (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. <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELTON, ROBERT 321 N.W. 146TH STREET MIAMI FL 33168	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600003343296--8 -08/02/00--01016--020 ***150.00 ***150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COX, THOMAS 7805 CAMINO REAL #H102 MIAMI FL 33143	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCNAY, MARCUS 7601 S. TREASURE DRIVE MIAMI FL 33140	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

7/24/00 305 962 1940
Date Daytime Phone #

CR2E034 (5/00)

20F2

Etropicals.com Inc

3210 nw 41 st

Miami Fl. 33142

E-mail BOB IMPORT@AOL.COM

Phone (305) 769-1922

Fax (305) 769-1922

7/24/00

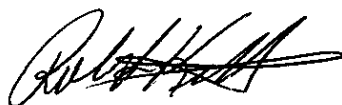
Subject Etropicals.com Inc.

doc # P99000094417

FEI# 65-0955254

Mr. Lee Yarbrough;

As per our phone conversation on 7/24/200 I did not receive my corporate report from the state till after the filling deadline. Please wave the penalty for late filling.



Robert Kelton Pres