

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095482

1. Entity Name

TROPICAL ISLAND ENTERPRISES, INC.

05-23-2001 90206 001 *1,350.00

FILED P99000095482

SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 12 PM 1:25

Principal Place of Business

Mailing Address

2665 S. BAYSHORE DR., STE. 703
MIAMI FL 33133

2665 S. BAYSHORE DR., STE. 703
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0957910

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORLD CORPORATE SERVICES, INC.
2665 S. BAYSHORE DR., STE. 703
MIAMI FL 33133

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 re-registering)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	VAUDIN, PAUL E	
STREET ADDRESS	2665 S BAYSHORE DR #703	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	YATES, GEORGE A	
STREET ADDRESS	2665 S BAYSHORE DR #703	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	PS	<input type="checkbox"/> Delete
NAME	YATES, DEBORAH S	
STREET ADDRESS	2665 S BAYSHORE DR #703	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 fees imposed.

SIGNATURE:

Deborah S. Yates

Deborah S. Yates 4/23/01 (305) 385-3931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

6/15