

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90020 025 ***150.00

DOCUMENT # P99000095482
 1. Entity Name
TROPICAL ISLAND ENTERPRISES, INC.

Principal Place of Business Mailing Address
 2665 S. BAYSHORE DR., STE. 703 2665 S. BAYSHORE DR., STE. 703
 MIAMI FL 33133 MIAMI FL 33133



2. Principal Place of Business 3. Mailing Address
11714 SW 135 PLACE *11714 SW 135 PLACE*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
MIAMI, FL *MIAMI FL*
 Zip Country Zip Country
33186 *USA* *33186* *USA*

4. FEI Number Applied For
65-0957910 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WORLD CORPORATE SERVICES, INC.
 2665 S. BAYSHORE DR., STE. 703
 MIAMI FL 33133

7. Name and Address of New Registered Agent
 Name *EASTWOOD MANAGEMENT INC*
 Street Address (P.O. Box Number is Not Acceptable)
11714 SW 135 PLACE
 City *MIAMI* FL Zip *33186*

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 *Deborah S Yates, Pres. (DEBORAH S. YATES)* DATE *4-22-02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	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
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	<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	
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 *Deborah S Yates, President (DEBORAH S. YATES)* DATE *4-22-02* DAYTIME PHONE # *(305) 385-3931*
Signature and typed or printed name of signing officer or director

CR2E034 (9/01)