2000 UNIFORM BUSINESS REPORT (UBR)

May 23, 2000 8:00 am Secretary of State DOCUMENT # **P99000100667** TROPICAL CONSTRUCTIONS INC. 05-23-2000 90223 019 ***150.00 Mailing Address Principal Place of Business 2555 NE 207TH ST. 2555 NE 207TH ST. AVENTURA FL 33180-1313 **AVENTURA FL 33180** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KHAN, SAMEER Street Address (P.O. Box Number is Not Acceptable) 2555 NE 207TH ST. **AVENTURA FL 33180** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Addition D Change Delete TITLE TITLE KHAN, YASIN NAME NAME STREET ADDRESS 19715 NE 12TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BCH FL 33179 ☐ Addition Change TITLE □ Defete KHAN, SAMEER NAME NAME STREET ADDRESS STREET ADDRESS 2555 NE 207TH ST. CITY-ST-7IP CITY-ST-ZIP **AVENTURA FL 33180** Change ☐ Addition ☐ Delete TITLE TITLE NAMĒ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

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