

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 23, 2001 8:00 am**  
**Secretary of State**

08-23-2001 90001 027 \*\*\*150.00

0026901 AV

**DOCUMENT # P99000103507**

1. Entity Name

**TROPIC STYLE OF KEY WEST INC**

Principal Place of Business

**507 DUVAL ST  
 KEY WEST FL 33040**

Mailing Address

**507 DUVAL ST  
 KEY WEST FL 33040**

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

**65-0967316**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**NEMMER, MOSHE  
 507 DUVAL ST  
 KEY WEST FL 33040**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 **P** ☐ Delete  
 NAME **NEMMER, MOSNE**  
 STREET ADDRESS **507 DUVAL ST**  
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **NEMMER, Moshe**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
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TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MOSNE NEMMER, President**

Date

Daytime Phone #

**8/20/01**

CR2E034 (5/01)

Patience  
Accounting and Tax Service, Inc.

Phone (305) 745-1841

P.O. Box 503

Summerland Key, FL 33042

*Attachment D# P000103507*  
Marilyn Sommerhoff  
Enrolled to Practice Before  
The Internal Revenue Service

*CODN5473*

August 20, 2001

Florida Dept of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Regarding: Tropic Style of Key West Inc  
Doc. # P000103507

Dear Sirs/Madam

The above named corporation did not receive the  
initial mailing of the 2001 Uniform Business Report.

The only mailing he received was the one attached.

We are asking that you credit him as timely filed  
due to the fact the first Report was not received.  
We have several of these that were not received and  
we believe it is due to the poor mail service in the  
area.

Our check for \$150.00 is enclosed.

Thank you for your cooperation in this matter.

Sincerely

*Marilyn Sommerhoff*  
Marilyn Sommerhoff