

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S26880

1. Entity Name

TROPIC REALTY OF FLORIDA INC.

Principal Place of Business

2751 NE 16TH STREET  
POMPANO BEACH FL 33062

Mailing Address

2751 NE 16TH STREET  
POMPANO BEACH FL 33062

2. Principal Place of Business

2751 N.E. 16 ST.

3. Mailing Address

2751 N.E. 16 Street

Suite, Apt. #, etc.

— prime home

City & State

Pompano Beach, Florida

Zip

33062

Country

Broward

City & State

Pompano Beach, Florida

Zip

33062

Country

Broward

6. Name and Address of Current Registered Agent

EISENBERG, LOUIS  
2751 NE 16 STREET  
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

N/A

City

N/A

State

FL

Zip Code

33062

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 Louis Eisenberg  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE Apr 12-01

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

TITLE D ☐ Delete  
NAME EISENBERG, LOUIS  
STREET ADDRESS 2751 N.E. 16TH STREET  
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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  
STREET ADDRESS  
CITY-ST-ZIP None

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

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

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

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

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: Louis Eisenberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90277 003 \*\*\*150.00

00037649



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0238777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (10/00)