

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90129 046 ***150.00

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 Street

3. Mailing Address

2751 N.E. 16 ST

Suite, Apt. #, etc.

Home

Suite, Apt. #, etc.

Home

City & State

Pompano Beach, Florida

City & State

Pompano Beach, Florida

Zip
33062

Country

U.S.A.

Zip

33062

Country

U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0238777**

Applied For

Not Applicable

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

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 **No New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEB 10, 2003

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. 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

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LOUIS EISENBERG

Feb 12, 2003 954-781-7745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)