2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V20127 1. Entity Name TROPIC LOOK, INC.					Secretary of State 01-23-2002 90003 026 ***150.00	
	ce of Business AGLER STREET 131	Mailing Address 231 EAST FLAGLER STREET MIAMI FL 33131				
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2. Principal f	Place of Business	3. Mailing Address			T 1881) BIJBIG TIBUK BAKAK MENENJAK IBBI BIBUT BIBUT BIBUK BIBUK BIBUK BIBUK BIBUK BIBUK	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State		4.	FEI Number 65-0327432 Applied For Not Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired Saturation Status Desired Fee Required	
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Registered Agent	
HERSH, BRIAN R 19 W FLAGLER STREET SUITE 602			Name Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
	. 33130-4477	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						
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After May 1, 2002	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 \$5.00 May Be Trust Fund Contribution. Added to Fees	
11.	OFFICERS AND		12.	ΑC	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	P KARMEL, EZRA 18151 NE 31 COURT #401 NO MIAMI BCH FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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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:

STATURED AND TYPED AND TYPED AND TYPED OF DIRECT

Date Date

305-371-4655