

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A33241

1. Entity Name
TRILOGY HOLDINGS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 12 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business
ONE SOUTHEAST THIRD AVE., 17TH FLOOR
MIAMI FL 33131

Mailing Address
ONE SOUTHEAST THIRD AVE., 17TH FLOOR
MIAMI FL 33131-1700

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0346058**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAZOOK, RICHARD J
ONE SOUTHEAST THIRD AVE., 17TH FLOOR
MIAMI FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **500,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **100,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER IN A LIMITED PARTNERSHIP IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **V11778**
NAME **CARDINAL HOLDINGS, INC.**
STREET ADDRESS **ONE SE THIRD AVENUE**
CITY - ST - ZIP **MIAMI FL**

STREET ADDRESS
CITY - ST - ZIP
STREET ADDRESS
CITY - ST - ZIP
200003300272-4
06/22/00-01008-004
*****526.25 ***526.25**

*Supp. call
billed 4/22/00*

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #