

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 NOV 14 11:11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO 10000 412 95

1. Entity Name
TRIPLE I Consulting, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5324 NE 4th Terr

3. Mailing Address
1484 NE 62. STREET

Suite, Apt. #, etc.
./.

Suite, Apt. #, etc.
./.

DO NOT WRITE IN THIS SPACE

City & State
Fl. Lauderdale, Fl.

City & State
Fl. Lauderdale Fl.

4. FEI Number

Applied For

Not Applicable

Zip
33334

Country
USA

Zip
33334

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Christine Potts

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

5324 NE 4th Terr.

City
Fl. Lauderdale

FL

Zip Code
33334

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 **Christine Potts, Ass. Mgr.**

~~Christine Potts~~

Oct. 05, 2002

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Aruel Engel
Gerlach str. 26
Frankfurt/Th. Germany**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**300008977583
11/14/02--01005--015 **150.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Assistant Manager
Christine Potts
5324 NE 4. Terr.
Fl. Lauderdale Fl. 33334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Christine Potts**

Oct. 05, 2002 954 3510109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

TRIPLE I CONSULTING INC

6324 NE 4TH TERRACE
FT LAUDERDALE, FL 33334

August 9, 2002

DEPARTMENT OF STATE
TALLAHASSEE, FL

Re: P01000041295

To Whom It May Concern:

Enclosed please find my check in the amount of \$150 for my annual business report. I did not receive the original form since I have been out of the country for most of the year. I am from Germany and this is the first time that I have had a U.S. Corporation. I did not know that any fees were due. Please accept the check for \$150 and waive the additional penalty.

Thank you.

Sincerely,

i.A. Marco Lumina