

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90072 035 ***150.00

DOCUMENT # ~~94000020982~~
 1. Entity Name **998000005239**
TRIPLE CROWN J, INC.

Principal Place of Business Mailing Address
2900 W. Sample Rd 3415
Pompano Beach, FL 33067

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **650858883** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Joyce Hsun
2900 W Sample Rd 3415
Pompano Beach, FL 33067

7. Name and Address of New Registered Agent
 Name **Joey Hsun**
 Street Address (P.O. Box Number is Not Acceptable) **2900 W. Sample Rd 3415**
Pompano Beach
 City **Pompano Bch** **FL** Zip Code **33067**

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. 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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Pres <input type="checkbox"/> Delete	NAME Joyce Hsun	TITLE Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Joyce Hsun
STREET ADDRESS 2900 W Sample Rd 3415	CITY-ST-ZIP 2900 W Sample Rd 3415	STREET ADDRESS Pompano Beach, FL 33067	CITY-ST-ZIP Pompano Beach, FL 33067
TITLE <input type="checkbox"/> Delete	NAME	TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Joey Hsun
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS 2900 W Sample Rd 3415	CITY-ST-ZIP Pompano Beach, FL 33067
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	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:  DATE **4/18/2000** (954) 742-0806
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)