## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## V25238 **DOCUMENT #**

1. Entity Name

TRI-KNOT INVESTMENT GROUP, INC.

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## **FILED** Mar 24, 2003 8:00 am § Secretary of State

03-24-2003 90217 018 \*\*\*150.00

Country 7:p Country 7:p Country 5. Conflicate of Status Desired Status Desired 5. Sa.75 Additional Page Required Agent 7. Name and Address of New Registered Agent Name Name Name Street Address (PO. Box Number is Not Acceptable)  Name Narkier, STANLEY J P.A. 1803 'AUSTRALAN AVE. SOUTH SUITE D WEST PALM BEACH FL 33409  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 acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of Popular or registered agent.  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 acceptable of Popular properties of registered agent and the registered agent of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to Florida Department of State of Popular properties of registered agent of the applicable.  PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.								WE WE TE					
WEST PALM BCH FL 33409  US  2. Principal Place of Business  Sulle, Apr. 4, etc.  Sulle, Apr. 4, etc.  Sulle, Apr. 4, etc.  Cry & State	1803 AUSTRA			P.O.	BOX 22823								
Suita, Ap. 8, etc.   Suite	WEST PALM	BCH FL 33409			LNL OR 9/402								
City & State  City & State  City & State  Country  City & State  Country  Country  Country  Country  Country  Country  Country  Size  City  FL  Ziz  Code  C					3. Mailing Address								
Zip Country Zip Country S. Certificate of Status Desired S.4.7 Additional Fee Regulared  8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARAMER, STANLEY J.P.A.  1803 AUSTRALIAN AVE. SOUTH SUITE D  WEST PALM BEACH FL. 33409  6. The above named entity submits inis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am fair law with, and according to designate and registered agent, or both, in the State of Florida. I am fair law with, and according to registered agent.  5.GNATURE  FILE NOW!!! FEE IS \$150,000 After May 1, 2000 Fee will be \$550,000 Make Check Payable to Florida Department of State 10.  OFFICERS AND DIRECTORS 1.11.  BARLOUS, TROY  SIRRET ADDRESS 100.5 AZ  TUCSON	Suite, Apt.	. #, etc.	· <del>·········</del>	Su	ite, Apt. #, etc.		<del></del>			□ СНЕ	ECK HERE IF MAK	ING CHANGE	s
Country   Country   Country   Country   S. Certificate of Status Desired   S. 7. Additional Fee Paquited   S. 7. Name and Address of New Registered Agent   S. 1803 AUSTRALIAN AVE. SOUTH   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)   S. 7. Additional Fee Paquited   S. 7. Name and Address of New Registered Agent   Street Address (P.O. Box Number is Not Acceptable)   S. 7. Additional Fee Paquited   S. 7. Additional	City & State				City & State				4. FEI Number 65-0327609			<del> </del>	Applied For
NARKIER, STANLEY J P.A.  1803 AUSTRALIAN AVE. SOUTH  SUITE D  WEST PALM BEACH Ft. 33409  City  FL  Zip Code  City  FL  Zip Cod	Zip Country				Zip Co			untry		Certificate of Status	s Desired	\$8.75 A	ddítional
NARKIER, STANLEY J P.A.  1803 AUSTRALIAN AVE. SOUTH SUITE D  WEST PALM BEACH FL 33409  City  FL  Zip Code  F		6. Name a	and Address of Current	Register	ed Agent				7.	. Name and Addres	s of New Register	ed Agent	·
Street Address (P.O. Box Number is Not Acceptable)  WEST PALM BEACH FL 33409  8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent.  SIGNATURE    Symanus typic or printed name of registered agent must file it applicable.   (NOTE, Registered Agent agreeure required when releatings)   DATE								Name		-			
SUITE D WEST PALM BEACH FL 33409  City FL Zip Code  City FL Zip Co					<u>.</u> .	<b>-</b> .•		Street Addr	ess (P.O.	Box Number is Not	Acceptable)		
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 accelerate the obligations of registered agent.  SIGNATURE    Signature, byted or primed name of registered agent and title if applicable   NOTE: Registered Agent signature required when reliability   DATE		PIRALIAN AVI	E. 3001N				j				·		
THE DOWNER CHECK Payable to Floridad Department of State  10. OFFICERS AND DIRECTORS N.º 11. ADDITIONS/CHANGES TO OFFICERS N.º 11. ADDITIONS/CHANGES TO OFFICERS N.º 11. ADDITIONS/CHANGES TO OFFICERS N.º 11. ADDITIONS/CHANGES N.º 11. ADDITIONS/CHANGES TO OFFICERS N.º 11. ADDITIONS/CHANGES TO OFFICERS N.º 11. ADDITIONS/CHANGES N.º	WEST PAI	LM BEACH F	L 33409				1	City	, , , , , , , , , , , , , , , , , , , ,	<del></del>	F	Zip Co	de
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12. Thereby 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 supplied with this sold does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes.	2. I hereby co	ertify that the in	formation supplied with	this filing	does not qualify	for th	e exem	ption stated in	Section	119.07(3)(i), Florida	Statutes. I further o	ertify that the i	nformation

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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the eceive changed, or on an attachmenty

SIGNATURE: