

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077429

1. Entity Name

TRISTAR CONSOLIDATED, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90071 002 ***150.00

Principal Place of Business

113 NW 11TH STRET
BOCA RATON FL 33432

Mailing Address

113 NW 11TH STRET
BOCA RATON FL 33432-2639

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

65-0857258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HASSELL, SHAHRAM
1165 NE 4TH AVE.
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

HASSELL, SHAHRAM

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

113 NW 11TH STREET

City

BOCA RATON

FL

Zip Code

33432

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

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

TITLE PD
NAME KHAVANIN, GHASEN
STREET ADDRESS 11900 SW 11 COURT
CITY-ST-ZIP DAVIE FL 33325 ☐ Delete

TITLE STD
NAME HASSELL, SHAHRAM
STREET ADDRESS 1165 NE 4 AVER
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE VP
NAME ROBERT SERAPHIN
STREET ADDRESS 15959 SW 95TH AVE
CITY-ST-ZIP MIAMI, FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)