## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # 176331** Mar 02, 2000 8:00 am 1. Entity Name Secretary of State **B&B TRITECH, INC.** 03-02-2000 90091 020 \*\*\*150.00 Principal Place of Business Mailing Address 975-W-20TH-ST-875 W 20TH ST PO-BOX-660-778 PO BOX 660-776 HIALEAH FL 33010 HIALEAH FL 33010-2310 2. Principal Place of Business 875 W 20th STREET 3. Mailing Address P.O. Box 660776 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0702127 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Eee.Required USA. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDSTEIN, RICHARD M. Street Address (P.O. Box Number is Not Acceptable) ONE BISCAYNE TOWER, STE 3250 TWO S. BISCAYNE BLVD. MIAMI FL 33131 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE BROCK, WILLIAM B., JR NAME NAME 240 HUNTINGLODGE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRINGS FL ۷D ☐ Change ☐ Addition ☐ Delete TITLE TITLE DAVENPORT, WILLIAM K. NAME NAME STREET ADDRESS 125 W. 51ST. ST. STREET ADDRESS HIALEAH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change — ☐-Addition Detete TITLE TITLE BROCK, ISABEL K. NAME NAME 240 HUNTINGLODGE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS FL CITY-ST-7IP Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C!TY-\$T-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Defete NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not stall 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 section this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. B. Brock JR. 24 Feb 2000