

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90296 009 \*\*\*150.00

DOCUMENT # 406438

1. Entity Name

T & I LAND INVESTMENT, INC.

Principal Place of Business

902 CLINT MOORE RD.,STE.126  
BOCA RATON FL 33487

Mailing Address

902 CLINT MOORE RD.,STE.126  
BOCA RATON FL 33487

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 59-1411468

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BILLINGTON, BARRY P  
2335 E ATLANTIC BLVD  
BARNETT BANK BLDG STE 301  
POMPANO BEACH FL 33062

Name

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

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.

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, 2001 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 VDS ☐ Delete  
NAME TRINGALI, JOHN M  
STREET ADDRESS 1415 FAN PALM RD  
CITY-ST-ZIP BOCA RATON FL

TITLE ☒ Change ☐ Addition  
NAME JOHN TRINGALI  
STREET ADDRESS 902 CLINT MOORE RD, SUITE 126  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE VD ☐ Delete  
NAME INTRAVALA, CARMELO  
STREET ADDRESS 6 MOREL CIR  
CITY-ST-ZIP WAKEFIELD, MASS 00000

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

TITLE VDT ☐ Delete  
NAME ZACCAGNINI, ELEANOR  
STREET ADDRESS 6869 VIENTO WAY  
CITY-ST-ZIP BOCA RATON FL

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

TITLE D ☐ Delete  
NAME INTRAVALA, DOMINIC  
STREET ADDRESS 6 MOREL CIR  
CITY-ST-ZIP WAKEFIELD, MA 00000

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

TITLE PD ☐ Delete  
NAME TRINGALI, S. JAMES  
STREET ADDRESS 725 NE 36TH ST.  
CITY-ST-ZIP BOCA RATON FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)