

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 638897

1. Entity Name

TRI-ARTS STUDIO, INC.

R

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90004 022 ***150.00

Principal Place of Business

5732 MAIN STREET
NEW PORT RICHEY FL 34652

Mailing Address

5732 MAIN STREET
NEW PORT RICHEY FL 34652

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2176120

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RAMIREZ, VICTOR M.
5732 MAIN STREET
NEW PORT RICHEY FL 34652

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD ☐ Delete
NAME RAMIREZ, VICTOR M.
STREET ADDRESS 5523 DRINKARD DRIVE
CITY-ST-ZIP NEW PT RICHEY FL

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

TITLE STD ☐ Delete
NAME RAMIREZ, ROSALIA A.
STREET ADDRESS 5523 DRINKARD DRIVE
CITY-ST-ZIP NEW PT RICHEY 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

TITLE ☐ Delete
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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.

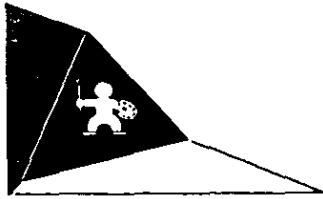
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSALIA A RAMIREZ 7-10-00 849-9157 (727)

Date

Daytime Phone #

**Tri-Arts Studio, Inc.**

A Complete Printing Service
"We'll Please You With Our Impressions"

7-10-2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Gentlemen:

We have just received the Business Report Form for the Year 2000 and it states that this is the Second Notice. We did not receive the first one. After explaining our situation to your courteous customer service representative, She suggested that we should write you a letter with the reason for not taking care of this matter on time along with a check for \$150.00.

Thank You very much

TRI-ARTS STUDIO, INC.

Rosalia A. Ramirez
Rosalia A. Ramirez
Sec./Treas.

Enc. Check