

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90005 048 ****61.25

DOCUMENT # 719606

1. Entity Name

TRIO CO-OPERATIVE APARTMENTS, INC.

f

Principal Place of Business

% MAURICE AROND
 9970 E BAY HARBOR DRIVE
 BAY HARBOR ISLANDS FL 33154

Mailing Address

% MAURICE AROND
 9970 E BAY HARBOR DRIVE
 BAY HARBOR ISLANDS FL 33154

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

65-0124963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**AROND, MAURICE
 9970 E BAY HARBOR DR
 BAY HARBOR ISLAND FL 33154**

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **ASD**
 STREET ADDRESS **COHEN, JEROME**
 CITY-ST-ZIP **10169 SERENE MEADOW N
 BOCA RATON FL 33428**

TITLE ☐ Delete
 NAME **PSD**
 STREET ADDRESS **AROND, MAURICE**
 CITY-ST-ZIP **9970 E BAY HARBOR DRIVE
 BAY HARBOR ISLAND FL 33154**

TITLE ☐ Delete
 NAME **ASD**
 STREET ADDRESS **BLAIR, PHYLLIS**
 CITY-ST-ZIP **9970 E. BAY HARBOR DR.
 BAY HARBOR ISLAND FL 33154**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maurice Arond, President
MAURICE AROND, PRESIDENT

8/31/00

305-866-1146

Date

Daytime Phone #

CR2E037 (5/00)