

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # 730350

1. Entity Name

TRI-COUNTY PAINTERS & DECORATORS JOINT TRADE BOA

Principal Place of Business

1175 NE 125TH ST., #314
NORTH MIAMI FL 33161

Mailing Address

C/O KZRRBSR
4700 SHERIDAN ST. BLDG N
HOLLYWOOD FL 33021-3416
US

2. Principal Place of Business

1175 NE 125 St.

Suite, Apt. #, etc.

Suite # 309

City & State

No. Miami, FL

Zip

33161

Country

3. Mailing Address

c/o Levin, Silvey, Zelko

Suite, Apt. #, etc.

2699 Stirling Rd. B-205

City & State

Hollywood, FL

Zip

33312-6543

Country

4. FEI Number

59-0730127

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COCHRAN, JAMES R
1175 NE 125TH STREET
N. MIAMI FL 33161

7. Name and Address of New Registered Agent

Name ~~XXXXXXXXXXXXXXXXXXXX~~ GERALD HINNANT

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

c/OTOUBY Painting

100 N.E. 26th Street

City

Miami

FL

Zip Code
33137

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

James R. Cochran

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-6-00

FILE NOW:
FEE IS \$61.25

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	D	<input checked="" type="checkbox"/> Delete
NAME	COCHRAN, R. JAMES	
STREET ADDRESS	1175 NE 125TH ST., #314	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITAKER, FRANK	
STREET ADDRESS	1175 NE 125TH ST., #314	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINNANT, G.	
STREET ADDRESS	1175 NE 125TH ST., #314	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERT ZELKO	
STREET ADDRESS	2699 STIRLING RD - SUITE B-205	
CITY-ST-ZIP	HOLLYWOOD, FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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:

James R. Cochran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-00

3057517855

CR2E037 (9/99)

FILED
May 22, 2000 8:00 am
Secretary of State

04-10-2000 90105 025 ****61.25



DO NOT WRITE IN THIS SPACE