

2000 UNIFORM BUSINESS REPORT (UBR)

X006457 AF

DOCUMENT # A99000001534

1. Entity Name
ORITT/TRION WOODMONT, LTD.

FILED

00 FEB 17 PM 3: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
ATTN: KENNETH T. BARBER
5310 NORTHWEST 33RD AVE., SUITE 219
FT. LAUDERDALE FL 33309

Mailing Address
ATTN: KENNETH T. BARBER
5310 NORTHWEST 33RD AVE., SUITE 219
FT. LAUDERDALE FL 33309-6300

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**ROLLNICK, NEIL S
C/O ROLLNICK & LINDEN, P.A.
133 SEVILLA
CORAL GABLES FL 33134**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P99000083640
NAME	TRION WOODMONT, INC.
STREET ADDRESS	5310 N.W. 33RD AVENUE, SUITE 219
CITY - ST - ZIP	FT. LAUDERDALE FL 33309

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	200003156102--8
CITY - ST - ZIP	-03/03/00--01025--015
STREET ADDRESS	****150.00 ****150.00
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* 2/10/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/99)