

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005007

1. Entity Name

TROIKA DESIGN, INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

05-30-2000 90074 018 ***150.00

Principal Place of Business

Mailing Address

51 TRADE ZONE COURT
RONKONKOMA NY 11779

51 TRADE ZONE COURT
RONKONKOMA NY 32750-3532

2. Principal Place of Business

1991 CORPORATE SQUARE

3. Mailing Address

1991 CORPORATE SQUARE

Suite, Apt. #, etc.

UNIT 167

Suite, Apt. #, etc.

UNIT 167

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

4. FEI Number

11-3288656

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

KEIDAISH, PHILIP F JR
505 WEKIVA SPRINGS ROAD, SUITE 800
LONGWOOD FL 32779

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, 2000 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 C ☐ Delete
NAME BOELL, LUDGER
STREET ADDRESS ZUM DRAHTZUG 5
CITY-ST-ZIP NISTER GERMANY 57645

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

TITLE VD ☐ Delete
NAME COPIN, JOSE
STREET ADDRESS 1991 CORP. SQ UNIT 167
CITY-ST-ZIP LONGWOOD FL 32750

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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CITY-ST-ZIP

TITLE ☐ Delete
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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, or all other like empowered.

SIGNATURE:

STEPHANIE GRANZEUER
TREASURER

Date

Daytime Phone #

401-834-7787