

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # K99085****1. Entity Name**  
TRIPPEROO WINGS, INC.**Principal Place of Business**

110 SE SIXTH STREET

FT LAUDERDALE  
33301

FL

US

**Mailing Address**

110 SE SIXTH STREET

FT LAUDERDALE  
33301

US

FL

**2. Principal Place of Business**  
200 SOUTH ANDREWS AVENUE**3. Mailing Address**  
110 SE SIXTH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
20TH FLOOR**City & State**  
FT LAUDERDALE

FL

**City & State**  
FT LAUDERDALE

FL

**Zip**  
33301**Country**  
US**Zip**  
33301**Country**  
US**4. FEI Number**  
**65-0133141****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**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROADPLANTATION  
33324

FL

US

**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)

**05/01/2000**

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****TITLE** T ☒ Delete  
**NAME** HYLE KATHLEEN  
**STREET ADDRESS** 110 SE SIXTH STREET  
**CITY-ST-ZIP** FT LAUDERDALE FL 33301**TITLE** AT ☒ Delete  
**NAME** SILLS HOWARD  
**STREET ADDRESS** 110 SE 6TH STREET  
**CITY-ST-ZIP** FT. LAUDERDALE FL 33301**TITLE** C ☒ Delete  
**NAME** EGAN, MICHAEL S.  
**STREET ADDRESS** 110 SE 6TH ST  
**CITY-ST-ZIP** FT. LAUDERDALE FL**TITLE** VD ☐ Delete  
**NAME** HAWKINS THOMAS W  
**STREET ADDRESS** 110 SE SIXTH STREET  
**CITY-ST-ZIP** FT LAUDERDALE FL 33301**TITLE** AS ☐ Delete  
**NAME** HURST O MASON II  
**STREET ADDRESS** 110 SE 6TH ST  
**CITY-ST-ZIP** FT. LAUDERDALE FL 33301**TITLE** VSD ☐ Delete  
**NAME** COLE JAMES O  
**STREET ADDRESS** 101 SE 6TH ST  
**CITY-ST-ZIP** FT LAUDERDALE FL 33301**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** T ☒ Change ☐ Addition  
**NAME** BOURHIS MARC L  
**STREET ADDRESS** 110 SE SIXTH STREET  
**CITY-ST-ZIP** FT LAUDERDALE FL 33301**TITLE** VSD ☒ Change ☐ Addition  
**NAME** FERRANDO JONATHAN P  
**STREET ADDRESS** 110 SE 6TH ST  
**CITY-ST-ZIP** FT. LAUDERDALE FL 33301**TITLE** PD ☒ Change ☐ Addition  
**NAME** MAROONE MICHAEL E  
**STREET ADDRESS** 101 SE 6TH ST  
**CITY-ST-ZIP** FT LAUDERDALE FL 33301**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** JONATHAN P. FERRANDO

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05/01/2000