

# **LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L010000016906

1. Entity Name

TRI INVESTMENTS, LLC.

02 APR 12 PM 2:13  
APPROVED  
AND  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR 12 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1840 S.W. 22nd ST,

Suite, Apt. #, etc.

4th FLOOR, PMB 4-112

City & State

MIAMI, FLORIDA

Zip

33145

Country

USA

3. Mailing Address

1840 S.W. 22nd STREET,

Suite, Apt. #, etc.

4th FLOOR, PMB 4-112

City & State

MIAMI, FLORIDA

Zip

33145

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1142669

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Spiegel & Utrera, P.A.

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

1840 S.W. 22nd Street 4th Floor,

City

MIAMI

FL

Zip Code

33145

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.

Spiegel & Utrera, P.A.

SIGNATURE

By: *Natalia Utrera*  
Natalia Utrera, Vice President

April 11, 2002  
DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MICHAEL J HYDES  
1840 S.W. 22nd ST, 4th FL, PMB 4-112,  
MIAMI, FLORIDA 33145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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-04/15/02--01023--003  
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**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Michael Hydes*, MICHAEL HYDES, Operating Manager, 4/1/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)