

# 2001 UNIFORM BUSINESS REPORT (UBR)

17

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90047 001 \*\*\*300.00

**DOCUMENT # L56951**

1. Entity Name

**TRICIA PROPERTY MANAGEMENT CORPORATION**

Principal Place of Business

**1900 LIBERTY AVE  
 MIAMI BEACH FL 33139**

Mailing Address

**334 20TH ST  
 OFFICE  
 MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0183342**

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

**EISENBERG, ROD  
 334 20TH STREET., # 108  
 MIAMI BEACH FL 33139**

Name **Eisenberg, Rod**

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

**334 20th St. ID office**

City

**Miami Beach**

**FL**

**33139**

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

**ROD Eisenberg**

**1/12/01**

Signature, typed or printed name of registered agent and date 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, 2001 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>EISENBERG, ROD</b>	
STREET ADDRESS	<b>334 20TH ST., OFFICE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/5/01**

**305-532-0959**

Date

Daytime Phone #

CR2E034 (10/00)