

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L76404

1. Entity Name

TRIPPE & COMPANY, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90125 005 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2134 FISHER IS. DR.~~  
~~FISHER IS. FL 33109~~  
US

~~2134 FISHER IS. DR.~~  
~~FISHER IS. FL 33131 2677~~  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

701 BRICKELL KEY BLVD

3. Mailing Address

701 BRICKELL KEY BLVD

Suite, Apt. #, etc.

SUITE 803

Suite, Apt. #, etc.

SUITE 803

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0204528

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33131

Country

USA

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

TRIPPE, KENNETH A.B.  
~~2134 FISHER IS. DR.~~  
~~FISHER IS. FL 33109~~

Name

SAME

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

701 BRICKELL KEY BLVD.

SUITE 803

City

MIAMI

FL

Zip Code

33131

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

*Kenneth A.B. Trippe*  
Signature, typed or printed name of registered agent and title if applicable.

KENNETH A.B. TRIPPE

(NOTE: Registered Agent signature required when reinstating)

18 January 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TRIPPE, KENNETH A.B.  
CITY-ST-ZIP ~~2134 FISHER IS. DR.~~  
~~FISHER IS. FL~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS SUITE 803, 701 BRICKELL KEY BLVD  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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, with all other like empowered.

SIGNATURE:

*Kenneth A.B. Trippe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

18 January 2000

Daytime Phone #

305 577 9995

CR2E034 (9/99)