

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L93000000153**

FILED

01 APR -4 AM 7:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name

**TRICOR Holding, L.C.**

Principal Place of Business

**1401 Brickell Ave  
Suite 530  
Miami, FL 33131**

Mailing Address

**1401 Brickell Ave  
Suite 530  
Miami, FL 33131**

2. Principal Place of Business

**120 S University Dr.**

3. Mailing Address

**120 S University Dr.**

Suite, Apt. #, etc.

**Suite C**

Suite, Apt. #, etc.

**Suite C**

City & State

**Plantation, FL**

City & State

**Plantation, FL**

4. FEI Number

**65-0437617**

Applied For

Not Applicable

5. Certificate of Status Desired.

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**marco, Gerald A.  
1401 Brickell Ave  
Suite 530  
Miami, FL 33131**

7. Name and Address of New Registered Agent

Name **Marvin Feinstein**  
Street Address (P.O. Box Number is Not Acceptable) **120 S University Drive**  
**Suite C**  
City **Plantation** FL Zip Code **33324**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MEM	marco, Gerald A	1401 Brickell Ave, Ste 530	Miami, FL 33131	<input checked="" type="checkbox"/>
MEM	Cumming PAUL	1428 Brickell Ave #400	Miami, FL 33131	<input type="checkbox"/>
MEM	Volisky, George	1428 Brickell Ave #400	Miami, FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MEM	MARCO, LISA	2795 Daddock Rd	Weston, FL 33331	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**800003994328--9**  
**04/12/01-01067-005**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

11. 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 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

*[Signature]*

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

**Marvin Feinstein 3/20/01**

Date

**934 476-5900**

Daytime Phone #