

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L93000000153**

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

Zip

33324

Country

Zip

33324

Country

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

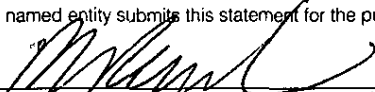
FL

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, 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 **MEM** ☒ Delete
NAME **marco, Gerald A**
STREET ADDRESS **1401 Brickell Ave, Ste 530**
CITY-ST-ZIP **Miami, FL 33131**

TITLE **MEM** ☐ Delete
NAME **Cumming PAUL**
STREET ADDRESS **1428 Brickell Ave #400**
CITY-ST-ZIP **Miami, FL 33131**

TITLE **MEM** ☐ Delete
NAME **Volisky, George**
STREET ADDRESS **1428 Brickell Ave #400**
CITY-ST-ZIP **Miami, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MEM** ☐ Change ☒ Addition
NAME **marco, Lisa**
STREET ADDRESS **2795 Daddock Rd**
CITY-ST-ZIP **Weston, FL 33331**

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

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

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

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

Marvin Feinstein

Date

3/20/01

Daytime Phone #

954 476-5900