

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002340

1. Entity Name
TRIVEST-DYNO, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB -8 PM 4: 53

Principal Place of Business
2665 SOUTH BAYSHORE DRIVE, SUITE 800
MIAMI FL 33133-5401

Mailing Address
2665 SOUTH BAYSHORE DRIVE, SUITE 800
MIAMI FL 33133-5401



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0880155

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

MMH

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALLEJAS, MARIA C
2665 SOUTH BAYSHORE DRIVE, SUITE 800
MIAMI FL 33133-5401

Name

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

City

FL

Zip Code

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

600003675586--0
-02/13/01--01007--019
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
POWELL, EARL W
2665 SOUTH BAYSHORE DRIVE, SUITE 800
MIAMI FL 33133-5401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MARK A. ABBOTT
2665 SO BAYSHORE DR Ste 800
MIAMI FL 33133 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MCDOWELL, DEREK A
2665 SOUTH BAYSHORE DRIVE, SUITE 800
MIAMI FL 33133-5401 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

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

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:

Derek A. McDowell
Derek A. McDowell 2-1-01 305-858-2200

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

Date

Daytime Phone #

CR2E083 (11/00)