

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91179 015 ***150.00

A0071670

DO NOT WRITE IN THIS SPACE

DOCUMENT # <i>M45025</i>			
1. Entity Name <i>TRI-COUNTY ASSOCIATES</i>			
Principal Place of Business <i>10123 SW 72 ST</i> <i>MIAMI, FL 33173</i>		Mailing Address	
2. Principal Place of Business <i>10123 SW 72 ST</i> Suite, Apt. #, etc.		3. Mailing Address <i>10123 SW 72 ST</i> Suite, Apt. #, etc.	
City & State <i>MIAMI, FL</i>		City & State <i>MIAMI, FL</i>	
Zip <i>33173</i>	Country <i>FLORIDA</i>	Zip <i>33173</i>	Country <i>FLORIDA</i>
4. FEI Number <i>59-2762188</i>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <i>George Jalil</i> <i>10123 SW 72 ST</i> <i>MIAMI, FL 33173</i>			
7. Name and Address of New Registered Agent			
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 <i>[Signature]</i>		DATE <i>3/25/01</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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 <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>George Jalil</i> <input type="checkbox"/> Delete <i>10123 SW 72 ST</i> <i>MIAMI, FL 33173</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i>		DATE <i>3/25/01</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR		Daytime Phone #	

CR2E034 (11/00)