


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90113 009 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M45025			
1. Entity Name TRI-COUNTY ASSOCIATES, INC.			
Principal Place of Business 10123 SW 72ND ST. MIAMI, FL 33173 US		Mailing Address 10123 SW 72ND ST. MIAMI, FL 33173 US	
2. Principal Place of Business PO BOX 830911		3. Mailing Address PO BOX 830911	
Suite, Apt. #, etc. Miami		Suite, Apt. #, etc. ()	
City & State FL		City & State Miami, FL	
Zip 33283	Country US	Zip 33283	Country US
4. FEI Number 59-2762188		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JALIL, GEORGE C. 10123 SW 72ND ST. MIAMI, FL 33173		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. I am familiar with, and accept the obligations of registered agent. Signature: [Signature] DATE 4/11/03			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P JALIL, GEORGE C. 10123 SW 72ND ST. MIAMI, FL 33173		TITLE NAME STREET ADDRESS CITY-ST-ZIP PO BOX 830911 MIAMI, FL 33283	
[Delete]		[Change] [Addition]	
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[Delete]		[Change] [Addition]	
[Delete]		[Change] [Addition]	
[Delete]		[Change] [Addition]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: [Signature]		Date 4/11/03 786 353425	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

90085092



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)