

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000251

1. Entity Name

TRIVEST-CORVEST, LLC

FILED

00 JAN 20 PM 4: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2665 SOUTH BAYSHORE DRIVE, SUITE 800  
MIAMI FL 33133

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

Zip

Country

Zip

Country

4. FEI Number

65-0897060

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

~~KLEIN, PETER W~~

2665 S. BAYSHORE DRIVE, 8TH FLOOR  
MIAMI FL 33133

Maria C. Callejas

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

Maria C Callejas

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

(NOTE: Registered Agent signature required when reinstating)

1/6/00

DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE ☒ Delete  
NAME MGRM  
STREET ADDRESS KLEIN, PETER W  
CITY-ST-ZIP 2665 SOUTH BAYSHORE DRIVE, SUITE 800  
MIAMI FL 33133

TITLE ☐ Change ☐ Addition  
NAME 400003117944-9  
STREET ADDRESS -02/01/00--01052--001  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Delete  
NAME MGRM  
STREET ADDRESS TEMPLETON, TROY D  
CITY-ST-ZIP 2665 SOUTH BAYSHORE DRIVE, SUITE 800  
MIAMI FL 33133

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING/MANAGING MEMBER OR MANAGER

Troy D. Templeton

Date

Daytime Phone #

1/17/00 805-858-2200