

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90147 018 \*\*\*\*61.25

**DOCUMENT # N94000006264**

1. Entity Name

**TRI COUNTY BUSINESS ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

800 CORPORATE DRIVE  
 SUITE 420  
 FT. LAUDERDALE FL 33334  
 US

800 CORPORATE DRIVE  
 SUITE 420  
 FT. LAUDERDALE FL 33334  
 US

**765133**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2013295**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NADEL, HOWARD B**  
**800 CORPORATE DRIVE**  
**SUITE 420**  
**FT. LAUDERDALE FL 33334**

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWNSTEIN, ARNOLD</b>	
STREET ADDRESS	<b>3700 NW 124 AVE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BEDICK, JARED</b>	
STREET ADDRESS	<b>8202 WILES ROAD</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33067</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROBIN, FERNE</b>	
STREET ADDRESS	<b>11412 WEST SAMPLE ROAD</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOFFMAN, WALTER</b>	
STREET ADDRESS	<b>10436 W. ATLANTIC BLVD</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEANGELIS, DANTE</b>	
STREET ADDRESS	<b>934 UNIVERSITY DR #305</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, 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:

*ARNOLD BROWNSTEIN*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01

954-753  
 7032  
 Date Daytime Phone #

CR2E037 (10/00)