

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005501

1. Entity Name

TRIALGRAPHIX-WASHINGTON D.C., INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90266 034 ***150.00

Principal Place of Business

155 N.E. 40TH ST.
MIAMI FL 33137

Mailing Address

155 N.E. 40TH ST.
MIAMI FL 33137

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

65-0976438

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPENCER, MARC I
1665 PALM BEACH LAKES BLVD, STE. 600
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

DAVID STOLBERG

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

155 NE 40th ST

City

MIAMI

FL

Zip Code

33137

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]

02/06/01

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STOLBERG, STEVEN	
STREET ADDRESS	3231 N. 36th ST.	
CITY - ST - ZIP	HOLLYWOOD, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	STOLBERG, DAVID	
STREET ADDRESS	1001 NW 122 AVE.	
CITY - ST - ZIP	PLANTATION, FL 33323	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COHEN, DOUGLAS	
STREET ADDRESS	2485 EAGLE WATCH CT.	
CITY - ST - ZIP	WESTON, FL 33327	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ADLER, MATTHEW	
STREET ADDRESS	2401 NE 12 ST.	
CITY - ST - ZIP	FT. LAUD. FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

[Signature]
DAVID J. STOLBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/06/01 (305) 576-5400

Daytime Phone #

CR2E034 (10/00)