

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90254 036 ***150.00

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1. Entity Name
TRIALGRAPHIX-WASHINGTON D.C., INC.



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

ONE THOMAS CIRCLE NW

3. Mailing Address

Suite, Apt. #, etc.

City & State

WASHINGTON, D.C.

City & State

Zip

20005

Country

USA

Country

4. FEI Number

65-0976438

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

STOLBERG, DAVID
155 NE 40TH STREET
MIAMI FL 33137

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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.**

☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME STOLBERG, STEVEN
STREET ADDRESS 10392 HARRIER ST
CITY-ST-ZIP PLANTATION FL 33324

TITLE S ☐ Delete
NAME STOLBERG, DAVID
STREET ADDRESS 1001 NW 122 AVENUE
CITY-ST-ZIP PLANTATION FL 33323

TITLE VP ☐ Delete
NAME COHEN, DOUGLAS
STREET ADDRESS 2961 WENTWORTH
CITY-ST-ZIP WESTON FL 33332

TITLE VP ☐ Delete
NAME ADLER, MATTHEW
STREET ADDRESS 2401 NE 12 STREET
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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 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:

DAVID F. STOLBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2003

Date

(305) 576-5400

Daytime Phone #

CR2E034 (10/02)