

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000021308

1. Entity Name

TRIPLE 8 ENTERPRISES, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90098 001 ***158.75

0330805

Principal Place of Business
1181 SOUTH ROGERS CIRCLE #17
BOCA RATON FL 33487

Mailing Address
1181 SOUTH ROGERS CIRCLE #17
BOCA RATON FL 33487

2. Principal Place of Business
3850 NW Boca Raton Blvd
Suite, Apt. #, etc.
#21

3. Mailing Address
3850 NW Boca Raton Blvd.
Suite, Apt. #, etc.
#21



DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number
65-0990837

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

Zip Country
33431 USA

Zip Country
33431 USA

6. Name and Address of Current Registered Agent

ALAN C. KAUFFMAN & ASSOCIATES, P.A.
5355 TOWN CENTER RD, SUITE 1102
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name
MARK GRAND - GRAND & GRAND, PA

Street Address (P.O. Box Number is Not Acceptable)
3440 Hollywood Blvd
Building #1, Suite 450

City Hollywood FL Zip Code 33021

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 *Mark's Grand*

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

(NOTE: Registered Agent signature required when reinstating)

3/29/01

DATE

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHBERG, BARRY		NAME	Rothberg, Barry	
STREET ADDRESS	1181 SOUTH ROGERS CIRCLE #17		STREET ADDRESS	3850 NW Boca Raton Blvd #21	
CITY-ST-ZIP	BOCA RATON FL 33487		CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Giancio, Steven		NAME		
STREET ADDRESS	3850 NW Boca Raton Blvd #21		STREET ADDRESS		
CITY-ST-ZIP	Boca Raton, FL-33431		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry Rothberg

2-19-01

Date

561-338-8827

Daytime Phone #

CR2E034 (10/00)