

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022130

1. Entity Name

TRIPLE M, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90098 016 ***150.00

Principal Place of Business

Mailing Address

2440 STATE RD. 84
FT. LAUDERDALE FL 33312

2440 STATE RD. 84
FT. LAUDERDALE FL 33312

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

65-1081198

Applied For

Not Applicable

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

COHEN, STEVEN A ESQ.
NORTHBRIDGE CNETRE
515 N. FLAGLER DR., STE. 300 PAVILION
WEST PALM BEACH FL 33401

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD MOORE, MICHAEL 2440 STATE RD. 84 FT. LAUDERDALE FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

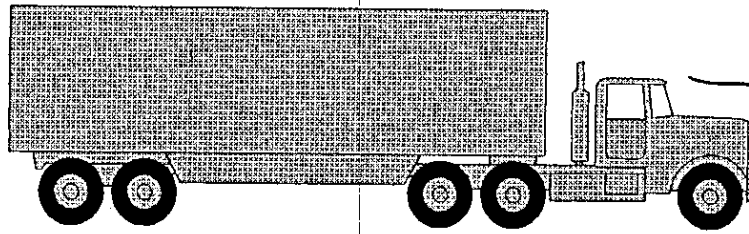
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-01 954-321-8696

CR2E034 (10/00)



Attachment

650885
P00000022130

TRIPLE M INC.

2440 S.R. 84
FT. LAUDERDALE, FL 33312
954--321-8696 PHONE
954-792-4202 FAX

May 1, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Triple M, Inc.- 2001 Uniform Business Report
65-1081198

To Whom It May Concern:

Please excuse the lateness of the filing fees that were due on May 1, 2001. In error, the check for the filing fees went out in the mail on time, however, it was returned due to the incorrect amount of postage. We placed a \$.33 stamp instead of \$.34, and the post office returned this mail. We are federal expressing this to you, hopefully you can assist us in posting this payment and help us to avoid any penalties that would place the corporation in jeopardy, due to this oversight.

Thank you in advance for your attention in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael M. Moore". The signature is stylized with a large, sweeping "M" and a long, horizontal stroke at the end.

Michael M. Moore
Triple M, Inc.