

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

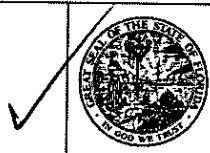
FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90126 027 ***150.00

DOCUMENT # P00000104755

1. Entity Name

TRIPORTE, INC.



90037822

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4501 West McNab Rd.

Suite, Apt. #, etc.

Suite # 15

City & State

Pompano Beach, FL

Zip

33069

Country

USA

3. Mailing Address
PO Box 23817

Suite, Apt. #, etc.

c/o M. K. Summitt, PA

City & State

Ft. Lauderdale, FL

Zip

33307

Country

USA

4. FEI Number
65-1124650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
M. K. Summitt, Esq.

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

4501 West McNab, Rd., Suite 15

City
Pompano Beach

FL

Zip Code
33069

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

M. K. Summitt, Esq.

Reg. Agent

Feb., 14, 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres/Sec/Director - Peter R. Brown
4776 Grosvenor,
Montreal, Quebec, Canada H3w 2L8

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/Director - Morio Mito
828 Camino Del Poniente
Sante Fe, NM 87501

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other titles empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter R. Brown, Pres/Sec/Dir.

Feb. __, 2003

514-485-2298

Date

Daytime Phone #

CR2E034B (12/02)