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

02-27-2003 90126 027 ***150.00

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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000104755

1. Entity Name

TRIPORTE, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4501 West McNab Rd,	PO Box 23817
Suite, Apt. #, etc. Suite # 15	Suite, Apt. #, etc. c/o M. K. Summitt, PA
City & State Pompano Beach, FL	City & State Ft. Lauderdale. FL
Zip 33069 Country USA	Zip 33307 Country USA

4. FEI Number 65-1124650 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE 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
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CR2E034B (12/02)

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 like empowered.

SIGNATURE: Peter R. Brown, Pres/Sec/Dir. Feb. __,2003 514-485-2298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #