

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108224

1. Entity Name
CONFORM, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90031 034 ***150.00

Principal Place of Business

690 NE 123 ST. APT 307
MIAMI FL 33161

Mailing Address

690 NE 123 ST. APT 307
MIAMI FL 33161

2. Principal Place of Business

330-74TH STREET #7
Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL

Zip
33141

Country

3. Mailing Address

330-74TH STREET
Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL

Zip
33141

Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TRIVINO, OMAR F
690 NE 123 ST, APT 307
MIAMI FL 33161

7. Name and Address of New Registered Agent

Name
TRIVINO, OMAR F
Street Address (P.O. Box Number is Not Acceptable)
330-74TH STREET #7
City
MIAMI BEACH FL Zip Code
33141

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)

4/9/2001

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
TRIVINO, OMAR F
690 NE 123 ST, APT 307
MIAMI FL 33161 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
TRIVINO, OMAR F
330-74TH STREET #7
MIAMI BEACH, FL 33141 ☒ Change ☐ Addition

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

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

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

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

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

4/9/2001

Date

305-801-9413

Daytime Phone #

CR2E034 (10/00)