

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90052 048 ***150.00

DOCUMENT # P01000016157

1. Entity Name
TRI-HARMONY INC.

Principal Place of Business
4961 N W 14TH STREET
LAUDERHILL FL 33313

Mailing Address
4961 N W 14TH STREET
LAUDERHILL FL 33313

2. Principal Place of Business

3. Mailing Address

6170 W. OAKLAND PK. BLVD.

6170 W. OAKLAND PK. BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SUNRISE, FL

SUNRISE, FL

Zip

Country

Zip

Country

33313

USA

33313

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

65-0657149

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

O'BRADY, CHARLES
4961 N W 14TH STREET
LAUDERHILL FL 33313

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

CHARLES O'BRADY (OWNER)

4/23/02

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, 2002 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** ☐ Delete
 NAME **O'BRADY, CHARLES**
 STREET ADDRESS **4961 N W 14TH STREET**
 CITY-ST-ZIP **LAUDERHILL FL 33313**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

CHARLES O'BRADY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

(954) 578-5782

Daytime Phone #

CR2E034 (9/01)