

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90199 032 ***150.00

DOCUMENT # P01000022173

1. Entity Name
TRIPTILE OF CLERMONT, INC.

Principal Place of Business

644 EAST HIGHWAY 50
CLERMONT FL 34712

Mailing Address

644 EAST HIGHWAY 50
CLERMONT FL 34712

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-370 2931

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 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 PD ☐ Delete
NAME PEREZ, JUAN
STREET ADDRESS 644 EAST HIGHWAY 50
CITY-ST-ZIP CLERMONT FL 34712

TITLE PD ☐ Change ☐ Addition
NAME Perez, Juan
STREET ADDRESS 644 E. Highway 50
CITY-ST-ZIP Clermont, Florida 34711

TITLE VT ☐ Delete
NAME CROSS, EUNICE
STREET ADDRESS 644 EAST HIGHWAY 50
CITY-ST-ZIP CLERMONT FL 34712

TITLE VT ☒ Change ☐ Addition
NAME COSS, Eunice
STREET ADDRESS 644 E. Highway 50
CITY-ST-ZIP Clermont, Florida 34711
 The last name.

TITLE S ☒ Delete
NAME CROSS, EDWARD
STREET ADDRESS 644 EAST HIGHWAY 50
CITY-ST-ZIP CLERMONT FL 34712

TITLE S ☐ Change ☐ Addition
NAME Juanita Sepulveda
STREET ADDRESS 644 E. Highway 50
CITY-ST-ZIP Clermont, Florida 34711

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-02 352-241-8505

Date

Daytime Phone #

CR2E034 (9/01)