

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90781 022 \*\*\*150.00

DOCUMENT # **PO 10000 24943**

1. Entity Name **Rides Slides & Games Incorp**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**6533 NW 1st CT.**

3. Mailing Address  
**6533 NW 1st CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Margate, FL**

City & State  
**Margate, FL**

Zip **33063** Country **USA**

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4. FEI Number  
**65-1097391**

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 **Trivlis, Demosthenes**

Street Address (P.O. Box Number is Not Acceptable)  
**6533 NW 1st CT**

City **Margate** **FL** Zip Code **33063**

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)

**4/10/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 **President**  
NAME **Trivlis, Demosthenes Pres.**  
STREET ADDRESS **6533 NW 1st CT.**  
CITY-ST-ZIP **Margate, FL 33063**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Secretary**  
NAME **Trivlis, Dawn**  
STREET ADDRESS **6533 NW 1st CT.**  
CITY-ST-ZIP **Margate, FL 33063**

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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 on an attachment with an address, with all other like/empowered.

SIGNATURE   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/10/02**