

UNIFORM BUSINESS REPORT (SBR)

DOCUMENT # **PO10000032439**

1. Entity Name

Tri-Mortgage Finance Inc.**FILED****May 14, 2002 8:00 am**
Secretary of State

05-14-2002 90276 031 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

320 S. Flamingo Road

3. Mailing Address

11

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEL Number

59-3713318

Applied For

Not Applicable

Zip

Zip

Country

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

7. Name and Address of Current Registered Agent

Name **Pamela Jackson**

Street Address (P.O. Box Number is Not Acceptable)

19200 N.W. 37 Avenue

City

Miami, Florida

Zip Code

33055

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, registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/18/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Pamela Jackson
NAME	19200 N.W. 37 Ave
STREET ADDRESS	President + Miami, Fla. 33055
CITY - ST - ZIP	

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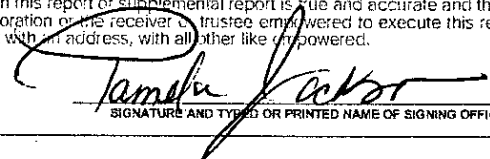
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/02****(954) 290-8153**

OR

(954) 962-3615

CR2E034B (12/01)