

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90118 012 ***150.00

DOCUMENT # P01000050160

1. Entity Name

Triptile Distributors, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6955 Hanging Moss Road

Suite, Apt. #, etc.

Suite 103

City & State

Orlando, Florida

Zip

32807

Country

USA

3. Mailing Address

6955 Hanging Moss Road

Suite, Apt. #, etc.

Suite 103

City & State

Orlando, Florida

Zip

32807

Country

USA

4. FEI Number

59-3719847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **Michael K. Baker**

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

8064 Cloverglenn Circle

City **Orlando**

FL

Zip Code

32818-8212

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Matos, Manuel M. (PD)
6955 Hanging Moss Road, Suite 103
Orlando, FL 32807**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Quezada, Arnaldo J. (VD)
6955 Hanging Moss Road, Suite 103
Orlando, FL 32807**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Coss, Manuel M. (VD)
6955 Hanging Moss Road, Suite 103
Orlando, FL 32807**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Coss, Karina M. (SD)
6955 Hanging Moss Road, Suite 103
Orlando, FL 32807**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Coss, Harolyn S. (TD)
6955 Hanging Moss Road, Suite 103
Orlando, FL 32807**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/2003

407-673-6559

Date

Daytime Phone #

CR2E034B (12/02)