

FILED

03 SEP 16 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500023110535  
09/16/03--01071--002 \*\*61.25

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000119474

1. Entity Name  
T-RIDE PROPERTIES, INC.

Physical Place of Business  
1720 NE 79TH ST. CAUSEWAY, SUITE 111  
N. BAY VILLAGE, FL 33141-4222

Mailing Address  
1720 NE 79TH ST. CAUSEWAY, SUITE 111  
N. BAY VILLAGE, FL 33141-4222

2. Physical Place of Business  
P.O. Box 43-1329  
Sun. Ad. #, etc.

3. Mailing Address  
P.O. Box 43-1329  
Sun. Ad. #, etc.



CHECK HERE IF MAKING CHANGES

4. State  
South Miami, FL

City & State  
Miami, FL

5. ZIP  
33143

County  
Miami-Dade

4. FEI Number

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$2.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SOLOMON, NORMAN F  
1720 NE 79TH ST. CAUSEWAY, SUITE 111  
N. BAY VILLAGE, FL 33141-4222

7. Name and Address of New Registered Agent  
Name: Carol Solomon  
Street Address (P.O. Box Number is Not Acceptable): 1900 West Commercial Blvd., Ste. 137  
City: Ft. Lauderdale FL Zip Code: 33309

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 a registered agent.

SIGNATURE: *Carol Solomon* 8/22/03

FILE NOW!!! FEE IS \$100.00  
After May 1, 2003 Fee will be \$150.00  
Approved UBR to CP 1.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Name STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete SOLOMON, NORMAN F 1720 NE 79TH ST. CAUSEWAY, SUITE 111. N. BAY VILLAGE, FL 33141-4222	TITLE Name STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President/Director Maritza Jacobson 2401 Anderson Road Coral Gables, FL 33134
TITLE Name STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Name STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice President Robert Jacobson 2401 Anderson Road Coral Gables, FL 33134
TITLE Name STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Name STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Name STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Name STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Name STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Name STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 118.07(3)(b), Florida Statutes. I further certify that the information furnished on this record or supplemental record 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 recipient of notice and consented to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment, as an officer.

SIGNATURE: *Maritza Jacobson* 9/11/03

7/2/16