

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.

4. State
South Miami, FL

5. City & State
Miami, FL

6. ZIP
33143

7. County
Miami-Dade



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

10. 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

11. 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* 8/27/03

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

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

13. 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 receiver or trustee appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of changed, or on an attachment, as an officer.

SIGNATURE: *Maritza Jacobson* 9/11/03

7/2/16