

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2003 8:00 am**  
**Secretary of State**

09-17-2003 90019 026 \*\*\*550.00

<b>DOCUMENT #</b> 1. Entity Name P02000013361  TRIBECA FINANCIAL CORP	
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**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 11730 A N DALE MABRY HWY Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.	
<b>City &amp; State</b> TAMPA, FL		<b>City &amp; State</b>	
<b>Zip</b> 33618	<b>Country</b>	<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b> 33-1010966	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name RAMZY	
Street Address (P.O. Box Number is Not Acceptable) MOUMNEH	
11730 A NORTH DALE MABRY HWY	
City TAMPA	FL Zip Code 33618

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	PRESIDENT RAMZY MOUMNEH 11730 A NORTH DALE MABRY HWY TAMPA, FL 33618
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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

Date

Daytime Phone #

9/15/03 (813) 968-1148