

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90127 024 ***550.00

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DOCUMENT # P02000031657

1. Entity Name

TRICARI CO., INC.



Principal Place of Business

676 WEST PROSPECT ROAD
FT LAUDERDALE FL 33309

Mailing Address

676 WEST PROSPECT ROAD
FT LAUDERDALE FL 33309



2. Principal Place of Business

2581 SE 13th ST

3. Mailing Address

2581 SE 13th ST

Suite, Apt. #, etc.

POMPANO BCH FL

Suite, Apt. #, etc.

POMPANO BCH FL

City & State

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0727140

Applied For

Not Applicable

Zip

33062-7203

Country

USA

Zip

33062-7203

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCUS, JOEL

676 WEST PROSPECT ROAD
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00*

After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME *GEORGE SAHAGIAN MGR*
STREET ADDRESS *676 W. PROSPECT ROAD*
CITY-ST-ZIP *FT. LAUDERDALE, FL 33309*

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME *PRESIDENT* ☐ Delete
NAME *GEORGE SAHAGIAN*
STREET ADDRESS *2581 SE 13th ST*
CITY-ST-ZIP *POMPANO BCH FL 33062-7203*

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.5.03 954 540 7814
Date Daytime Phone #

CR2E034 (4/03)