

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90057 037 ***150.00

DOCUMENT # P02000033625

1. Entity Name
TRIUMPH INTERNATIONAL, CORP.



Principal Place of Business
~~2055 NORTHEAST 151 STREET~~
~~SUITE A~~
~~NORTH MIAMI BEACH FL 33162~~

Mailing Address
~~2055 NORTHEAST 151 STREET~~
~~SUITE A~~
~~NORTH MIAMI BEACH FL 33162~~



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1388 MARINA COVE CIR

3. Mailing Address
21388 MARINA COVE CIR

Suite, Apt. #, etc.
SUITE 15-G

Suite, Apt. #, etc.
SUITE 15-G

City & State
AVENTURA, FLORIDA

City & State
AVENTURA, FLORIDA

4. FEI Number
01-0651220

Applied For
Not Applicable

Zip
33180-3564

Country
USA

Zip
33180-3564

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SEGALL THIER, JESSICA~~
~~2055 NORTHEAST 151 STREET~~
~~SUITE A~~
~~NORTH MIAMI BEACH FL 33162~~

Name
JESSICA SEGALL
Street Address (P.O. Box Number is Not Acceptable)
21388 MARINA COVE CIR
SUITE 15-G
City
AVENTURA FL Zip Code
33180-3564

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 *J Segall*

01/20/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 STREET ADDRESS CITY-ST-ZIP	D SEGALL, MICHAEL 2055 NORTHEAST 151 STREET NORTH MIAMI BEACH FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGALL THIER, JESSICA 2055 NORTHEAST 151 STREET NORTH MIAMI BEACH FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THIER, CRAIG 2055 NORTHEAST 151 STREET NORTH MIAMI BEACH FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - PRESIDENT MICHAEL CRAIG THIER 21388 MARINA COVE CIR AVENTURA, FL 33180-3564	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - V. PRES MICHAEL SEGALL 21388 MARINA COVE CIR AVENTURA, FL 33180-3564	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - SEC/TRES JESSICA SEGALL 21388 MARINA COVE CIR AVENTURA, FL 33180-3564	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *CRAIG THIER*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/2003 305-682-3600
Date Daytime Phone #

CR2E034 (10/02)