

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90130 020 ***150.00

DOCUMENT # P02000086114

1. Entity Name
TRI STAR CONCEPTS CORP.



Principal Place of Business
**10295 COLLINS AVE STE 1201
BAL HARBOUR FL 33154**

Mailing Address
**10295 COLLINS AVE STE 1201
BAL HARBOUR FL 33154**

1920 E Hallandale Beach Blvd



2. Principal Place of Business

3. Mailing Address

PH-3

1920 E Hallandale Beach Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Hallandale, FL

PH-3

City & State

City & State

Hallandale FL

CHECK HERE IF MAKING CHANGES

4. FEI Number

75 307 6437

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

33009

Country

USA

Zip

33009

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LOWE, MANDY
10295 COLLINS AVE STE 1201
BAL HARBOUR FL 33154~~

Name

Eric Lind

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

10295 Collins Ave #1201

Bal Harbour, FL 33154

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/03

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 Delete
NAME **DP LIND, ERIC**
STREET ADDRESS **10295 COLLINS AVE STE 1201**
CITY-ST-ZIP **BAL HARBOUR FL 33154**

TITLE Change Addit
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **V LOWE, GARY**
STREET ADDRESS **10295 COLLINS AVE STE 1201**
CITY-ST-ZIP **BAL HARBOUR FL 33154**

TITLE Change Addit
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addit
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TITLE Change Ad
NAME
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/03

Date

954 455 7800

Daytime Phone #