

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90167 023 \*\*\*150.00

0305221 AV

**DOCUMENT # P02000110154**

1. Entity Name  
**TRIS COMPANY OF SOUTH FLORIDA, INC.**



Principal Place of Business  
**7024 NW 113 PL  
MIAMI FL 33178**

Mailing Address  
**7024 NW 113 PL  
MIAMI FL 33178**



2. Principal Place of Business

**10400 NW 33ST**

Suite, Apt. #, etc.

**270**

City & State

**Miami FL**

Zip

**33172**

Country

**MIAMI-DADE**

3. Mailing Address

**10400 NW 33ST**

Suite, Apt. #, etc.

**270**

City & State

**Miami FL**

Zip

**33172**

Country

**MIAMI-DADE**

4. FEI Number

**02-0647888**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VILLAFANE, MARIANELA  
7024 NW 113 PL  
MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name

**Arly Natera**

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

**11193 NW 73ST**

City

**Miami**

**FL**

Zip Code

**33178**

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

**4/28/03**

**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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VILLAFANE, MARIANELA</b>	
STREET ADDRESS	<b>7024 NW 113 PL</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NATERA, ARLY</b>	
STREET ADDRESS	<b>11193 NW 73 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VENTURA, ASTRID</b>	
STREET ADDRESS	<b>5661 NW 112 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**4/28/03**

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/28/03 (305) 591-7586**

CR2E034 (10/02)