

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90184 034 ***150.00

DOCUMENT # P10197

1. Entity Name
TRIVEST, INC.

Principal Place of Business

2665 S BAYSHORE DR.
#800
MIAMI FL 33133

Mailing Address

2665 S BAYSHORE DR.
#800
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-3352654

Applied For

Not Applicable

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

CALLEJAS, MARIA C
2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI FL 33133

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS
NAME KUFFNER, MARILYN D
STREET ADDRESS 2665 S BAYSHORE DRIVE 8TH FLOOR
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE S
NAME ☒ Change ☐ Addition

TITLE SMD
NAME TEMPLETON, TROY D
STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, SUITE 800
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE D/PK
NAME EARL W. POWELL
STREET ADDRESS 2665 SO BAYSHORE DR. #800
CITY-ST-ZIP MIAMI FL 33133 ☐ Change ☒ Addition

TITLE VCB
NAME GEORGE, PHILLIP T
STREET ADDRESS 2665 S BAYSHORE DR 8TH FLOOR
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE V/T
NAME DANIEL J. KATSIKAS
STREET ADDRESS 2665 SO BAYSHORE DR. #800
CITY-ST-ZIP MIAMI FL 33133 ☐ Change ☒ Addition

TITLE MD
NAME MCDOWELL, DEREK A
STREET ADDRESS 2665 SOUTH BAYSHORE DR. 8TH FL
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE AS
NAME MARIA C CALLEJAS
STREET ADDRESS 2665 SO BAYSHORE DR. #800
CITY-ST-ZIP MIAMI FL 33133 ☐ Change ☒ Addition

TITLE MD
NAME VANDENBERG, PETER JR
STREET ADDRESS 2665 SOUTH BAYSHORE DR. 8TH FL
CITY-ST-ZIP MIAMI FL ☒ Delete

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

TITLE SMD
NAME ABBOTT, MARK A
STREET ADDRESS 2665 SOUTH BAYSHORE DR. 8TH FL
CITY-ST-ZIP MIAMI FL ☒ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARILYN D KUFFNER, Secretary 1-26-01

Date

305-858-2200

Daytime Phone #

CR2E034 (10/00)