2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P10197

Entity Name: TRIVEST, INC.

POWELL, EARL W

MIAMI, FL 33133

2665 SOUTH BAYSHORE DR. 8TH FL

Name:

Address:

City-St-Zip:

FILED Mar 04, 2003 Secretary of State

| • | | | | | |
|---|---------------------|-----------------------------------|--|--|--|
| Current P | incipal Plac | e of Business: | New Principal Place o | New Principal Place of Business: | |
| 2665 S BA` #800 MIAMI, FL | YSHORE DR. 33133 | | | | |
| Current Mailing Address: | | | New Mailing Address: | New Mailing Address: | |
| 2665 S BA` #800 MIAMI, FL | YSHORE DR. 33133 | | | | |
| FEI Number: | 36-3352654 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| CALLEJAS, MARIA C 2665 SOUTH BAYSHORE DRIVE SUITE 800 MIAMI, FL 33133 US | | | GERHSMAN, DAVID 2665 SOUTH BAYSHOI SUITE 800 MIAMI, FL 33133 US | 2665 SOUTH BAYSHORE DRIVE SUITE 800 | |
| The above in the State | | submits this statement for the pu | urpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: DAVID GERSHMAN | | | | 03/04/2003 | |
| | Electro | nic Signature of Registered Ager | nt | Date | |
| Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | KUFFNER, MA | ORE DRIVE 8TH FLOOR | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: Address: City-St-Zip: | KATSIKAS, DA | BAYSHORE DRIVE, SUITE 800 | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Title: Name: Address: City-St-Zip: | GEORGE, PHI | ORE DR STE 725 | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: | DP (|) Delete | Title: (|) Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARILYN D. KUFFNER S 03/04/2003