

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90387 013 \*\*\*150.00

**DOCUMENT # P40593**

1. Entity Name

**TRI HOLDINGS, INC.**

Principal Place of Business

**7200 W COMMERCIAL BLVD  
SUITE 206  
FORT LAUDERDALE FL 33319**

Mailing Address

**7200 W COMMERCIAL BLVD  
SUITE 206  
FORT LAUDERDALE FL 33319**

2. Principal Place of Business

**2900 University Drive**

Suite, Apt. #, etc.

**Suite 105**

City & State

**CORAL SPRINGS FL**

Zip

**33065**

Country

**USA**

3. Mailing Address

**2900 University Drive**

Suite, Apt. #, etc.

**Suite 105**

City & State

**CORAL SPRINGS FL**

Zip

**33065**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0349314**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**EPSTEIN, RICHARD  
TRADE CENTER SOUTH SUITE 700  
100 W CYPRESS CREEK RD  
FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE NAME ☐ Delete

**DPV  
LIFTON, RONALD  
7200 W COMMERCIAL BLVD #206  
FORT LAUDERDALE FL 33319**

TITLE NAME ☐ Delete

**ST  
LIFTON, RONALD  
7200 W COMMERCIAL BLVD #206  
FORT LAUDERDALE FL 33319**

TITLE NAME ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition

**2900 UNIVERSITY DRIVE #105  
CORAL SPRINGS FL 33065**

TITLE NAME ☐ Change ☐ Addition

**2900 UNIVERSITY DRIVE #105  
CORAL SPRINGS FL 33065**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (9/01)