

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000012570

1. Entity Name

TRY MY CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -9 AM 7:04

Principal Place of Business

Mailing Address

2003 HARRISON ST
HOLLYWOOD FL 33020

2003 HARRISON ST
HOLLYWOOD FL 33020-5019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number

65-0385248

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

VAZ, ANDREW
2003 HARRISON ST
HOLLYWOOD FL 33020

Name

VAZ, PHONETHIP

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

2003 HARRISON STREET

HOLLYWOOD, FL

City

FL

Zip Code

33020

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

Phonethip Vaz (P) Phonethip Vaz

1/15/00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME CHANGKACHITH, PHONETHIP
STREET ADDRESS 2003 HARRISON ST
CITY-ST-ZIP HOLLYWOOD FL

☐ Delete

TITLE VT
NAME VAZ, ANDREW
STREET ADDRESS 2003 HARRISON ST
CITY-ST-ZIP HOLLYWOOD FL

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE PS
NAME VAZ, PHONETHIP
STREET ADDRESS 2003 HARRISON ST
CITY-ST-ZIP HOLLYWOOD, FL

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Phonethip Vaz (P) Phonethip Vaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/5/00 954/928-5585

CR2E034 (9/99)