

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000023846

1. Entity Name

TRI-LAKE CONSTRUCTION, INC.

**FILED**  
**Jul 24, 2000 8:00 am**  
**Secretary of State**

07-24-2000 90014 042 \*\*\*550.00

Principal Place of Business

P.O. BOX 324047  
HOMESTEAD FL 33092

Mailing Address

P.O. BOX W  
OLD ORCHARD BEACH ME 04064  
US

2. Principal Place of Business

2430 NE, 135TH ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

303

City, & State

NORTH MIAM. FLA

City & State

Zip

Country

33181

US

Zip

Country

4. FEI Number

65-0378360

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOVE, DAVID  
407 LINCOLN ROAD  
PENTHOUSE S.E.  
MIAMI BEACH FL 33139

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)

X

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 P  
NAME SALAMACHA, GARY  
STREET ADDRESS 225 SE 4TH STREET  
CITY-ST-ZIP HOMESTEAD FL 33030-  
☐ Delete

TITLE  
NAME  
STREET ADDRESS 198 SACO AVENUE  
CITY-ST-ZIP OLD ORCHARD BEACH, ME 04064  
☒ Change ☐ Addition

TITLE T  
NAME WEINSTIEN, KING  
STREET ADDRESS 198 SACO AVE  
CITY-ST-ZIP OLD ORCHARD ME  
☐ Delete

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

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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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)