

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90013 028 \*\*\*150.00

DOCUMENT # P93000046863

1. Entity Name

TRIALGRAPHIX - ATLANTA, INC.

Principal Place of Business

1212 FOWLER ST  
 ATLANTA GA 30317  
 US

Mailing Address

155 NE 40 ST.  
 MIAMI FL 33137  
 US

00000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number 65-0439385

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STOLBERG, DAVID  
 155 NE 40TH ST.  
 MIAMI FL 33137

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
 NAME STOLBERG, STEVEN  
 STREET ADDRESS 3231 N. 36TH ST.  
 CITY-ST-ZIP HOLLYWOOD FL

TITLE ☒ Change ☐ Addition  
 NAME 10392 HARRIER ST.  
 STREET ADDRESS PLANTATION, FL 33324  
 CITY-ST-ZIP

TITLE SD ☐ Delete  
 NAME STOLBERG, DVID  
 STREET ADDRESS 1001 NW 122 AVE  
 CITY-ST-ZIP PLANTATION FL 33323

TITLE ☒ Change ☐ Addition  
 NAME DAVID STOLBERG  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Delete  
 NAME COHEN, DOUGLAS  
 STREET ADDRESS 2485 EAGLE WATCH CT  
 CITY-ST-ZIP WESTON FL 33327

TITLE ☒ Change ☐ Addition  
 NAME 2961 WENTWORTH  
 STREET ADDRESS WESTON, FL 33332  
 CITY-ST-ZIP

TITLE D ☐ Delete  
 NAME ADLER, MATTHEW  
 STREET ADDRESS 2401 NE 12TH ST  
 CITY-ST-ZIP FT. LAUDERDALE FL 33304

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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 that is other than the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)