

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000023505

1. Entity Name

TRICONY FLORIDA CORP.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90072 035 \*\*\*150.00

Principal Place of Business

Mailing Address

313 1/2 WORTH AVENUE  
BLDG. B-1  
PALM BEACH FL 33480  
US

313 1/2 WORTH AVENUE  
BLDG. B  
PALM BEACH FL 33480-6016  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0477625

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

B & C CORPORATE SERVICES, INC.  
201 SOUTH BISCAYNE BOULEVARD  
SUITE 300  
MIAMI FL 33131

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, 2000 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 ☐ Delete  
NAME PAS  
STREET ADDRESS TORRES, RICK O  
CITY-ST-ZIP 339 SEASPRAY AVE  
PALM BEACH FL

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

TITLE ☐ Delete  
NAME VPT  
STREET ADDRESS TORRES, EDWARD  
CITY-ST-ZIP 2 NORTH BREAKERS ROW, APT. N-41  
PALM BEACH FL

TITLE ☒ Change ☐ Addition  
NAME VPT  
STREET ADDRESS Torres, Edward  
CITY-ST-ZIP One North Breakers Row  
Palm Beach, FL 33480

TITLE ☐ Delete  
NAME S  
STREET ADDRESS KAUDER, MARYLU  
CITY-ST-ZIP 3060 GRAND BAY BLVD., #166  
LONG BOAT KEY FL

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

TITLE ☐ Delete  
NAME VPT  
STREET ADDRESS TORRES, MICHAEL  
CITY-ST-ZIP 215 LINDA LANE  
WEST PALM BEACH FL

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 (561) 832-7088

CR2E034 (9/99)