

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90095 036 ***150.00

0326100

DOCUMENT # P94000023505

1. Entity Name

TRICONY FLORIDA CORP.

Principal Place of Business

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

Mailing Address

313 1/2 WORTH AVENUE
BLDG. B
PALM BEACH FL 33480
US**00039315**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0477625

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Torres, Michael

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

c/o Tricony Mgt., LLC**313 1/2 Worth Ave. - Ste B-1**

City

Palm Beach

FL

Zip Code

33480

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

3-27-019. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PAS** ☐ Delete
NAME **TORRES, RICK O**
STREET ADDRESS **339 SEASPRAY AVE**
CITY-ST-ZIP **PALM BEACH FL**TITLE **VPT** ☐ Delete
NAME **TORRES, EDWARD**
STREET ADDRESS **ONE NORTH BREAKERS ROW**
CITY-ST-ZIP **PALM BEACH FL 33480**TITLE **S** ☐ Delete
NAME **KAUDER, MARYLU**
STREET ADDRESS **3060 GRAND BAY BLVD., #166**
CITY-ST-ZIP **LONG BOAT KEY FL**TITLE **VPT** ☐ Delete
NAME **TORRES, MICHAEL**
STREET ADDRESS **215 LINDA LANE**
CITY-ST-ZIP **WEST PALM BEACH FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 #

3-27-01 (561) 832-7088

CR2E034 (10/00)