

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000029778

1. Entity Name

THREE RINGS, INC.

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90077 047 ***150.00

Principal Place of Business
GROVE PLAZA BLDG. 5TH FLOOR
2900 MIDDLE ST
MIAMI FL 33133
US

Mailing Address
GROVE PLAZA BLDG. 5TH FLOOR
2900 MIDDLE ST
MIAMI FL 33133
US

0000000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0554544

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

CHRISTIN, NICHOLAS E
GROVE PLAZA BLDG, 5TH FLOOR
2900 MIDDLE ST
MIAMI FL 33133

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)

1/10/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JAMES W 2900 MIDDLE ST MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

James W. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0158160

Attachment

#P94000029778

D0008853

LAW OFFICES

WACKER, SMITH, TUTAN, O'HARA
McCoy, GRAHAM & FORD, P.A.

GROVE PLAZA BUILDING, 5TH FLOOR
2900 MIDDLE STREET (S.W. 28TH TERRACE)

MIAMI, FLORIDA 33133

(305) 448-3939

TELECOPIER (305) 441-1745

FORT LAUDERDALE OFFICE
SOUTHTRUST TOWER, 5TH FLOOR
ONE EAST BROWARD BOULEVARD
P.O. BOX 14460
FORT LAUDERDALE, FLORIDA 33302
(954) 467-6405
TELECOPIER (954) 760-9353

ORLANDO OFFICE
BANK OF AMERICA CENTER, SUITE 1000
390 NORTH ORANGE AVENUE
P.O. BOX 2753
ORLANDO, FLORIDA 32802
(407) 843-3939
TELECOPIER (407) 649-8118

WEST PALM BEACH OFFICE
MELLON UNITED NAT'L BANK TOWER • SUITE 700
1645 PALM BEACH LAKES BOULEVARD
P.O. BOX 2508
WEST PALM BEACH, FLORIDA 33402
(561) 689-3800
TELECOPIER (561) 689-9206

NAPLES OFFICE
AM SOUTH BANK BUILDING, SUITE 402
4851 TAMiami TRAIL NORTH
NAPLES, FLORIDA 34103
(941) 430-1120
TELECOPIER (941) 430-1121

TAMPA OFFICE
100 NORTH TAMPA STREET, SUITE 3650
P.O. BOX 2152
TAMPA, FLORIDA 33602
(813) 222-3939
TELECOPIER (813) 222-3938

January 10, 2001

Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, FL 32302-1500

Re: Three Rings, Inc.
E.I. #65-0554544
Our File No. 39070-2

Dear Sir or Madam:

I enclose herewith the 2001 Uniform Business Report for the above-referenced corporation, together with a check payable to the Department of State in the amount of \$150.00 in full payment of the filing fee.

Thank you for your attention to this matter.

Very truly yours,



Nicholas E. Christin

NEC/kfp
Enclosures