

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000051260

1. Entity Name

TRIPLE B BAR, INC.

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90089 027 ***150.00

Principal Place of Business

21796 CARTAGENE DRIVE
BOCA RATON FL 33428

Mailing Address

21796 CARTAGENE DRIVE
BOCA RATON FL 33428-2857

2. Principal Place of Business

21796 Cartagena DR
Suite, Apt. #, etc.

3. Mailing Address

21796 Cartagena DR.
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0514666

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

BIEHL, ALBERT
445 EAST PALMETTO PARK ROAD
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Albert Biehl

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

21796 Cartagena DR.
City Boca Raton FL Zip Code 33428

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 the filer (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

TITLE	D	<input type="checkbox"/> Delete
NAME	BIEHL, ALBERT	
STREET ADDRESS	21796 CARTAGENA DR	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	PVST	<input type="checkbox"/> Delete
NAME	BICHL, JANINE	
STREET ADDRESS	21796 CARTAGENA DR	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33428	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Biehl, Janine	
STREET ADDRESS		
CITY-ST-ZIP	33428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

4-13-00

904-214-1111

CR2F034 (9/99)