

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90065 030 ***150.00

DOCUMENT # P94000054592

1. Entity Name
TRIPISBS, INC.

Principal Place of Business Mailing Address
~~* HODGSON RUSS ANDREWS WOODS & GOODYEAR~~ ~~* HODGSON RUSS ANDREWS WOODS & GOODYEAR~~
~~2000 GLADES RD - SUITE 400~~ ~~2000 GLADES RD - SUITE 400~~
~~BOCA RATON FL 33431~~ ~~BOCA RATON FL 33431~~

2. Principal Place of Business 3. Mailing Address
1801 N. MILITARY TRAIL **1801 N. MILITARY TRAIL**

Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 200 **SUITE 200**

City & State City & State
BOCA RATON, FL **BOCA RATON, FL**

Zip Country Zip Country
33431 **USA** **33431** **USA**

4. FEI Number **65-0509714** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HRAWG CORP
~~2000 GLADES RD - SUITE 400~~
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name **HRAWG CORP.**
 Street Address (P.O. Box Number is Not Acceptable)
1801 N. MILITARY TRAIL
SUITE 200
 City **BOCA RATON** **FL** Zip Code **33431**

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 *Larry Corrao*
 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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **TRIPI, II J**
 CITY-ST-ZIP **1427 WILLIAM ST**
BUFFALO NY

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **DOWNEY, TERRY T.**
 CITY-ST-ZIP **1427 WILLIAM ST.**
BUFFALO NY

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **LUCZAK, NANNETTE C.**
 CITY-ST-ZIP **1427 WILLIAM ST.**
BUFFALO NY

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **TRIPI, GREGORY**
 CITY-ST-ZIP **1427 WILLIAM ST**
BUFFALO NY

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02/04/02** Daytime Phone #

CR2E034 (9/01)