

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 91406 015 ***150.00

657534

DOCUMENT # **9400093700**
 1. Entity Name
TRIPRITE INC.

Principal Place of Business
1302 S.E. 2ND AVE.
DANIA FL. 33004

Mailing Address
1302 S.E. 2ND AVE.
DANIA FL. 33004

2. Principal Place of Business
785 CRYSTAL LAKE DR.
 Suite, Apt. #, etc.

3. Mailing Address
785 CRYSTAL LAKE DR.
 Suite, Apt. #, etc.

City & State
POMPANO BEACH FL.

City & State
POMPANO BEACH FL.

Zip
33064

Country
U.S.A.

4. FEI Number
65-0548929

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MASSIMO TRIPODI
785 CRYSTAL LAKE DR.
POMPANO BEACH FL.
33064

7. Name and Address of New Registered Agent

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 _____ (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	OFFICER	<input type="checkbox"/> Delete
STREET ADDRESS	MASSIMO TRIPODI	
ST- ZIP	785 CRYSTAL LAKE DR.	
	POMPANO BEACH FL. 33064	
TITLE	OFFICER	<input type="checkbox"/> Delete
STREET ADDRESS	DOMEDIC TRIPODI	
ST- ZIP	785 CRYSTAL LAKE DR.	
	POMPANO BEACH FL. 33064	
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
ST- ZIP		
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
ST- ZIP		
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 information.

SIGNATURE: **Massimo Tripodi** **MASSIMO TRIPODI** **4-28-00 954-942-0627**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)