

# 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. 2<sup>ND</sup> AVE.**  
**DANIA FL. 33004**

Mailing Address  
**1302 S.E. 2<sup>ND</sup> 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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