

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.

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