

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000002142

1. Entity Name Tri-M Investments of South Florida, Inc.**FILED****Apr 26, 2000 8:00 am**
Secretary of State

04-26-2000 90208 014 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

6877 NW 107th Terrace 6877 NW 107th Terrace
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Parkland, FLCity & State
Parkland FL

4. FFE Number

65-0543368Applied For
Not Applicable33076Country
USAZip
33076Country
USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Ted Baturn

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

6877 NW 107th Terrace

City

Parkland

FL

33076

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Ted Baturn - President4/16/009. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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Parkland FL 33076☐ DeleteTITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 507, 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

Ted Baturn - President

Date

Daytime Phone #

4/16/00 954-757-8480