2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
01-30-2001 90086 018 ***150.00

DOCUMENT # P95000024317

1. Entity Name
TRIVEST EQUITIES, INC.

Principal Place of Business	Mailing Address
2665 SOUTH BAYSHORE DRIVE SUITE 800 MIAMI FL 33133	2665 SOUTH BAYSHORE DRIVE SUITE 800 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0577030 ☐ Applied For ☐ Not Applicable

5. 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
CALLEJAS, MARIA C 2665 SOUTH BAYSHORE DRIVE SUITE 800 MIAMI FL 33133	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 _____
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MD KACYZNSKI, WILLIAM F 2665 S BAYSHORE DRIVE 8TH FLOOR MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/DP EARL W. POWELL 2665 SO BAYshore Dr. Ste 800 MIAMI FL 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD MCDOWELL, DEREK A 2665 S BAYSHORE DR STE 800 MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T DANIEL J. KATSIKAS 2665 SO BAYSHORE Dr. Ste 800 MIAMI FL 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SMD TEMPLETON, TROY D 2665 S BAYSHORE DR STE 800 MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD PETER VANDENBERG, JR. 2665 SO BAY SHORE Dr. Ste 800 MIAMI FL 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SMD ABBOTT, MARK A 2665 S BAYSHORE DR, 8TH FL MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTS ANDERSON, B. JAY CFO 2665 S BAYSHORE DR STE 800 MIAMI FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~AS~~ KUFFNER, MARILYN D. 2665 S BAYSHORE DR STE 800 MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KUFFNER, MARILYN D. 2665 S BAYSHORE Dr. Ste 800 MIAMI FL 33133	☒ Change ☐ Addition

CR2E034 (10/00)

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: MKuffner MARILYN D. KUFFNER 1-17-01 3058582200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #