

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000041897

1. Entity Name

TRIPODI DEVELOPMENT, CORP.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90027 043 ***150.00

Principal Place of Business

Mailing Address

1302 SOUTH EAST 2ND AVENUE
DANIA FL 33004

1302 SOUTH EAST 2ND AVENUE
DANIA FL 33004-4626

2. Principal Place of Business

785 CRYSTAL LAKE DR.

3. Mailing Address

785 CRYSTAL LAKE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
POMPANO BEACH FL.

City & State
POMPANO BEACH FL.

4. FEI Number 65-0602807

Applied For
Not Applicable

Zip
33064

Country
U.S.A.

Zip
33064

Country
U.S.A.

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

TRIPODI, MASSIMO
1302 SOUTH EAST 2ND AVENUE
DANIA FL 33004

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, 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 D ☐ Delete
NAME TRIPODI, MASSIMO
STREET ADDRESS 1302 SOUTH EAST 2ND AVENUE
CITY-ST-ZIP DANIA FL 33004

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TRIPODI, DOMINIC
STREET ADDRESS 1302 SOUTH EAST 2ND AVENUE
CITY-ST-ZIP DANIA FL 33004

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

MASSIMO TRIPODI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-00 954-942-0627

CR2E034 (9/99)