

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000041897

1. Entity Name

TRIPODI DEVELOPMENT, CORP.

Principal Place of Business

785 CRYSTAL LAKE DR
POMPANO BEACH FL 33064
US

Mailing Address

785 CRYSTAL LAKE DR
POMPANO BEACH FL 33064
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **TRIPODI, MASSIMO**

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

785 CRYSTAL LAKE DR.

City **POMPANO BEACH**

FL Zip Code **33064**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **TRIPODI, MASSIMO**
CITY-ST-ZIP **785 CRYSTAL LAKE DR.**
POMPANO BEACH FL. 33064

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **TRIPODI, DOMINIC**
CITY-ST-ZIP **785 CRYSTAL LAKE DR.**
POMPANO BEACH FL. 33064

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MASSIMO TRIPODI (D)

Date

Daytime Phone #

4-5-01 954-942-0627

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90050 049 ***150.00

C0048502



DO NOT WRITE IN THIS SPACE

0129187

CR2E034 (10/00)