

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000043265

1. Entity Name

TRIDIMALLA CORP.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90144 045 ***150.00

Principal Place of Business	Mailing Address
6001 NW 153 ST STE 206 MIAMI LAKES FL 33014 US	6001 NW 153 ST STE 206 MIAMI LAKES FL 33014-2421 US



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	65-0595037	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

THOMPSON, DISNEY
169 E. FLAGLER ST.
SUITE 1527
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: FRANK ROSILLO
Street Address (P.O. Box Number is Not Acceptable): 8600 NW 53 RD TERRACE
Suite: SUITE 201
City: MIAMI FL Zip Code: 33166

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 NAME STREET ADDRESS CITY-ST-ZIP	D DI PRISCO, ENRIQUE J 169 E. FLAGLER ST. SUITE 1527 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VENANZI, HUMBERTO ANEX 169 EAST FLAGLER STREET, SUITE 1527 MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ENRIQUE ANEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6001 NW 153 RD ST #206 MIAMI FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HUMBERTO ANEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6001 NW 153 RD ST #206 MIAMI FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/99 305 826 2748
Date Daytime Phone #

CR2E034 (9/99)