

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90068 027 ***150.00

DOCUMENT # **P95000053860**

1. Entity Name
TRIPLE 'B' International, Inc.

DO NOT WRITE IN THIS SPACE

80057672

2. Principal Place of Business
7881 Pebble Bch. Ct.
Suite, Apt. #, etc.
Lake Worth, FL 33467
City & State

3. Mailing Address
P.O. Box 540572
Suite, Apt. #, etc.
Lake Worth, FL 33454
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0751627

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
Dolphus, Patricia
Street Address (P.O. Box Number is Not Acceptable)
7881 Pebble Beach Ct.
Lake Worth, FL 33467
City **FL** Zip Code

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PTVP Dolphus, Patricia 7881 Pebble Beach Ct. Lake Worth, FL 33467	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Patricia Dolphus / Patricia Dolphus** 3/13/02 561-9658382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)