

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055406

1. Entity Name  
**TRI-UNITY, INCORPORATED**

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90962 032 \*\*\*150.00

Principal Place of Business      Mailing Address  
427 GENEVA DRIVE      4801 EAGLESHAM DRIVE  
OVIEDO FL 32765      ORLANDO FL 32826-4022  
US      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 **59-3390044**      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

**PATEL, RAMANLAL N**  
427 GENEVA DRIVE  
OVIEDO FL 32765

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	PATEL, RAMANLAL N	4801 EAGLESHAM DRIVE ORLANDO FL 32826				
	VD	PATEL, KISHOR N	427 GENEVA DR OVIEDO FL 32765			1045 E. BROADWAY ST. OVIEDO, FL, 32765	
	VD	PATEL, ARVIND N	427 GENEVA DR OVIEDO FL 32765				

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: Ramanlal N Patel      **RAMANLAL N PATEL, PRESIDENT**      4/27/00      (407) 366-4077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #