

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

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90208 001 \*\*\*600.00

DOCUMENT # P96000056499

1. Entity Name

TRI-LOT, INC.

**DO NOT WRITE IN THIS SPACE**

80344

2. Principal Place of Business

12875 SW 199 AVE

3. Mailing Address

12875 SW 199 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0678807

Applied For

Not Applicable

Zip

33196

Country

US

Zip

33196

Country

U.S.

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name PEREZ-GALAN, MANUEL

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

12875 SW 199 AVE

City

MIAMI

FL

Zip Code

33196

**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

PEREZ-GALAN, MANUEL  
12875 SW 199 AVE  
MIAMI FL 33196

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-02 (305) 255-8772

Date

Daytime Phone #

CR2E034B (12/01)