

DOCUMENT # P96000097011
1. Entity Name
TRISEP TECHNOLOGIES, INC.

Principal Place of Business
C/O NICOLAS FERNANDEZ, P.A.
780 NW LEJEUNE RD #324
MIAMI FL 33126
US

Mailing Address
782 NW LE JEUNE ROAD
#548
MIAMI FL 33126-5548
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
c/o Nicolas Fernandez PA
Suite, Apt. #, etc.
780 NW LeJeune Rd #324

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33126

Country
USA

FILED
00 DEC -5 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0735672
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ESQUIRE CORPORATE SERVICES, INC.
780 NW LEJEUNE RD #324
MIAMI FL 33126

7. Name and Address of New Registered Agent
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 *Am Perez* 12/1/00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PSTD BALLON, FRANK G	19655 E COUNTRY CLUB DR #302	MIAMI FL 33180

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	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]* 12/1/00 (305) 513-5112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #