## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

P97000031872

1. Entity Name

TRIPOINT SYSTEMS DEVELOPMENT CORP.



## **FILED** Jul 10, 2003 8:00 am Secretary of State 07-10-2003 90117 007 \*\*\*150.00

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Signature   Sign	City & State		City & State		4. FEI Number 65-0760027 Applied For			
E. Name and Address of Current Registered Agent  VilLIG, DAVID S  WilLIG, DAVID S  WilLIG, DAVID S  MAN   Steed Address (P.O. Box Number is Not Acceptable)  Steed Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code    City   FL   Zip Code    City   FL   Zip Code    City   FL   Zip Code    SIGNATURE   Sphare, host or preservere at registered agent, or both, in the State of Fortida. I am familier with, and accept the collegator of registered agent, or both, in the State of Fortida. I am familier with, and accept the collegator of registered agent, or both, in the State of Fortida. I am familier with, and accept the collegator of registered agent, or both, in the State of Fortida. I am familier with, and accept the collegator of registered agent, or both, in the State of Fortida. I am familier with, and accept the collegator of registered agent, or both, in the State of Fortida. I am familier with, and accept the collegator of registered agent, or both, in the State of Fortida. I am familier with, and accept the collegator of registered agent, or both, in the State of Fortida. I am familier with, and accept the collegator of registered agent, or both, in the State of Fortida. I am familier with, and accept the collegator of registered agent, or both, in the State of Fortida. I am familier with, and accept the collegator of registered agent, or both, in the State of Fortida. I am familier with, and accept the collegator of registered agent, or both, in the State of Fortida. I am familier with, and accept the collegator of registered agent, or both, in the State of Fortida. I am familier with, and accept the collegator of registered agent, or both, in the State of Fortida. I am familier with, and accept the collegator of registered agent, or both, in the State of Fortida. I am familier with, and accept the collegator of registered agent, or both, in the State of Fortida. I am familier with, and accept the collegator of registered agent, or both, in the State of Fortida. I am familier with, and accept t					03 0700037	Not	Applicable	
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MILLIG, DAVID S 141 NE 3RD AVE, 10TH FLOOR MIAMI FL 33132  City  City  FL  Zip Code  City  City  City  City  City  City  City  City  City  Cip City  Cit	6. Name and Address of Current Registered Agent							
Signatures of registered agent, or both, in the State of Florida. I am 'amiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am 'amiliar with, and accept the obligations of registered agent.    Signature								
141 NE 3RD AVE., 10TH FLOOR   MIAM FL 33132	WILLIG, DAVID S			0	Overhald and (CO Burkland and Not America)			
MIÀMI FL 33132  8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    SQNAMAR, posed operate nurse or registered sepent and little applicable.				Street Address	Street Address (P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   File NoW!!   FEE IS \$150.00	•							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature, treated remains or registered agent and their applicable.   (NOTE Registered Agent signature required when remasking).   CATE				City		Zin Corte		
SIGNATURE    Signature   Signa					F.L.	- 2,5 0000		
FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  P CARTER, S 824 WASHINGTON EVANSTON IL 60202  17/15-72/P  VP SAMBRANO, M 3543 N FREEMONT, APT 3 CHICAGOST  TITLE  S RAGBEER, R 2754 IMPERIAL VALLY TR AURORA IL 60504  TITLE  TITLE  NAME SIREET ADDRESS CITY-ST-72/P  TITLE NAME SIREET ADDRESS CITY-ST-72/P  TITLE NAME SIREET ADDRESS CITY-ST-72/P  TITLE NAME SIREET ADDRESS CITY-ST-72/P  TITLE NAME SIREET ADDRESS CITY-ST-72/P  TITLE NAME SIREET ADDRESS CITY-ST-72/P  TITLE NAME SIREET ADDRESS CITY-ST-72/P  TITLE NAME SIREET ADDRESS CITY-ST-72/P  TITLE NAME SIREET ADDRESS CITY-ST-72/P  TITLE NAME SIREET ADDRESS CITY-ST-72/P  TITLE NAME SIREET ADDRESS CITY-ST-72/P  TITLE NAME SIREET ADDRESS CITY-ST-72/P  TITLE NAME SIREET ADDRESS CITY-ST-72/P  TITLE NAME SIREET ADDRESS CITY-ST-72/P  TITLE NAME SIREET ADDRESS CITY-ST-72/P  TITLE NAME SIREET ADDRESS CITY-ST-72/P  TITLE NAME SIREET ADDRESS SIRET ADDRESS CITY-ST-72/P  TITLE NAME SIRET ADDRESS S								
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12. 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 receive or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

UHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR