

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Jun 06, 2000 8:00 am  
Secretary of State  
06-06-2000 90011 023 \*\*\*150.00

DOCUMENT # P97000079451  
1. Entity Name  
TRI COUNTY INVESTMENTS CORP. ✓

Principal Place of Business      Mailing Address  
2031 NW 182 TERRACE      2031 NW 182 TER  
Pembroke Pines, FL 33029      Pembroke Pines FL 33029

2. Principal Place of Business 2031 NW 182 TERRACE Suite, Apt. #, etc.		3. Mailing Address 2031 NW 182 TERRACE Suite, Apt. #, etc.	
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL	
Zip 33029	Country US	Zip 33029	Country US

4. FEI Number      Applied For  
65 0780549      Not Applicable

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

6. Name and Address of Current Registered Agent  
EASTRO, ENRIQUE  
2031 NW 182 TERRACE  
Pembroke Pines FL 33029

7. Name and Address of New Registered Agent  
Name CASTRO, ENRIQUE  
Street Address (P.O. Box Number is Not Acceptable)  
2031 NW 182 TERRACE  
City Pembroke Pines FL Zip Code 33029

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]      DATE: 5/13/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CASTRO, JACQUELINE 18206 SW 26 CT MIAMI FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD CASTRO, ENRIQUE 18206 SW 26 CT MIAMI FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P T D CASTRO, JACQUELINE 2031 NW 182 TERRACE Pembroke Pines, FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S V D CASTRO, ENRIQUE 2031 NW 182 TERRACE Pembroke Pines, FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] ENRIQUE CASTRO      Date: 5/13/00      Daytime Phone #: 954 963-9333

CR2E034 (9/99)