

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90167 049 ***150.00

0508136

DOCUMENT # P97000103526

1. Entity Name

TRIFECTO, INC.

Principal Place of Business

**2624 AUSTRALIAN AVENUE
 WEST PALM BEACH FL 33407**

Mailing Address

**2624 AUSTRALIAN AVENUE
 WEST PALM BEACH FL 33407**

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

65-0806085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SALLOUM, MICHAEL SABEH
 2624 AUSTRALIAN AVENUE
 WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent

Name **AMALE SALLOUM**
 Street Address (P.O. Box Number is Not Acceptable)
2624 AUSTRALIAN AVE
W.P.B. FL
 City **FL** Zip Code **33407**

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, 2001 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	PSTD SALLOUM, MICHAEL SABEH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2624 AUSTRALIAN AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE NAME	D YACOB, MICHELINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2624 AUSTRALIAN AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	AMALE SALLOUM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2624 AUSTRALIAN AVE	
CITY-ST-ZIP	W.P.B. FL 33407	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/05/01

Date

Daytime Phone #

CR2E034 (10/00)