

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008012

1. Entity Name

TRIALGRAPHIX - LOS ANGELES, INC.

Principal Place of Business

155 NE 40TH STREET  
MIAMI FL 33137

Mailing Address

155 NE 40TH STREET  
MIAMI FL 33137

2. Principal Place of Business

261 S. FIGUEROA ST.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 100

City & State

LOS ANGELES, CA

Zip

90012

Country

Zip

Country

6. Name and Address of Current Registered Agent

STOLBERG, DAVID  
155 NE 40TH STREET  
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name

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

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

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	P	<input type="checkbox"/> Delete
NAME	STOLBERG, STEVEN	
STREET ADDRESS	3231 NORTH 36TH ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	STOLBERG, DAVID	
STREET ADDRESS	1561 NW 96TH AVE.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COHEN, DOUGLAS	
STREET ADDRESS	2485 EAGLE WATCH COURT	
CITY-ST-ZIP	EWSTON FL 33327	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MATTHEW, ADLER	
STREET ADDRESS	2401 NE 12TH ST.	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1001 NW 122 AVE.	
CITY-ST-ZIP	PLANTATION, FL 33323	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	WESTON, FL 33327	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID J. STOLBERG

Date

Daytime Phone #

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90266 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)