

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90014 010 \*\*\*150.00

**DOCUMENT # P98000008012**

1. Entity Name

**TRIALGRAPHIX - LOS ANGELES, INC.**

Principal Place of Business

**261 S FIGUEROA ST**

**SUITE 100**

**LOS ANGELES CA 90012**

Mailing Address

**155 NE 40TH STREET**

**MIAMI FL 33137**

2. Principal Place of Business

**261 S. FIGUEROA ST.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0820961**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOLBERG, DAVID**

**155 NE 40TH STREET**

**MIAMI FL 33137**

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
**P**  
**STOLBERG, STEVEN**  
 STREET ADDRESS **3231 NORTH 36TH ST.**  
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE NAME ☒ Change ☐ Addition  
**10392 HARRIER ST.**  
**PLANTATION, FL 33324**

TITLE NAME ☐ Delete  
**S**  
**STOLBERG, DAVID**  
 STREET ADDRESS **1001 NW 122 AVE**  
 CITY-ST-ZIP **PLANTATION FL 33321**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
**VP**  
**COHEN, DOUGLAS**  
 STREET ADDRESS **2485 EAGLE WATCH COURT**  
 CITY-ST-ZIP **WESTON FL 33327**

TITLE NAME ☒ Change ☐ Addition  
**2961 WENTWORTH**  
**WESTON, FL 33332**

TITLE NAME ☐ Delete  
**VP**  
**MATTHEW, ADLER**  
 STREET ADDRESS **2401 NE 12TH ST.**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**01/23/02 (305) 576-5400**

CR2E034 (9/01)