## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 18, 2001 8:00 am Secretary of State DOCUMENT # P98000011483 TRI-STONE PARTNERS, INC. 05-18-2001 91583 039 \*\*\*150.00 Principal Place of Business Mailing Address 150 EAST PALMETTO PARK ROAD 150 EAST PALMETTO PARK ROAD 47H FLOOR 4TH FLOOR BOCA RATON FL 33432 **BOCA RATON FL 33432** 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0808810 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEVEN M. AUERBACHER, P.A. Street Address (P.O. Box Number is Not Acceptable) 150 EAST PALMETTO PARK ROAD 4TH FLOOR **BOCA RATON FL 33432** 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Added to Fees 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete ☐ Addition ZUCKER, MICHAEL NAME NAME STREET ADDRESS 150.E PALMETTO PARK RD #400 STREET ADDRESS BOCA RATON FL 33432 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition MANDOR, LEONARD NAME NAME STREET ADORESS 150 E PALMETTO PARK RD #400 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-718 TITLE Addition ☐ Delete TITLE ☐ Change MANDOR, ROBERT NAME NAME 150 E.PALMETTO PARK RD. #400 ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information septified 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 strue 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 chapter 607, Florida Statutes.