2000 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2000 8:00 am Secretary of State DOCUMENT # P98000074641 TRIPLE G. INC. 04-11-2000 90061 020 ***150.00 Mailing Address Principal Place of Business 11331 N.W. 35TH STREET 11331 N.W. 35TH STREET SUNRISE FL 33323-1417 SUNRISE FL 33323 OPIBBL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. , Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0878526 Not Applicable _Zip , . Country ----\$8.75 Additional ____ Country 5. Certificate of Status Destred-Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GLADSTONE, STEPHEN R P.A. Street Address (P.O. Box Number is Not Acceptable) 7301-A W. PALMETTO PARK ROAD SUITE 305-C **BOCA RATON FL 33433** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition ☐ Delete TITLE TITLE SANTOS, NEIDE A NAME NAME 11331 N.W. 35TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33323 □ Change ☐ Addition TITLE ☐ Delete TITLE SANTOS, GILBERTO R NAME NAME STREET ADDRESS 11331 N.W. 35TH STREET STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33323 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND UPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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