

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083861

1. Entity Name

TRI-COUNTY C.C., INC.

Principal Place of Business

Mailing Address

~~491 EAST 27TH STREET, #2~~  
~~MIAMI FL 33013~~

~~491 EAST 27TH STREET, #2~~  
~~MIAMI FL 33013~~

2. Principal Place of Business

3. Mailing Address

7301 COLDSTREAM

Suite, Apt. #, etc.

STRONG DRIVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33015

Country

USA

Zip

Country

4. FEI Number

65-0357370

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

TRIAY, CARLOS A

999 PONCE DE LEON BLVD. 10570 NW 27th St

#1110

CORAL GABLES FL 33134

#103

MIAMI, FL 33172

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
CAO, ROBERTO  
491 EAST 27TH STREET, #2  
MIAMI FL 33013 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
7301 COLDSTREAM Drive  
MIAMI, FL 33015

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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☐ Delete

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

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

Date

Daytime Phone #

1/9/01

305-829-2828

0097530

CR2E034 (10/00)

FILED  
Jan 20, 2001 8:00 am  
Secretary of State

01-20-2001 90016 037 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE