

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006641

1. Entity Name

TRIPLE R ACQUISITION CORP.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90017 027 ***150.00

Principal Place of Business

Mailing Address

5651 N.W. 29TH STREET
MARGATE FL 33063

5651 N.W. 29TH STREET
MARGATE FL 33063-1531

80008124

2. Principal Place of Business

3. Mailing Address

6300 NE 1ST AVENUE

6300 NE 1ST AVENUE



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3RD FLOOR

3RD FLOOR

City & State

City & State

FT. LAUDERDALE, FLORIDA

FT. LAUDERDALE, FLORIDA

4. FEI Number

65-0900616

Applied For

Not Applicable

Zip

Country

Zip

Country

33334

USA

33334

USA

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

ANGELO, THOMAS P
600 N.E. THIRD AVENUE
FORT LAUDERDALE FL 33304

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	ROSCHMAN, ROBERT J	
STREET ADDRESS	5651 N.W. 29TH STREET	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSCHMAN, JEFFREY S	
STREET ADDRESS	5651 N.W. 29TH STREET	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	1759 SE 10TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FLORIDA 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2511 DEL LAGO DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33316	
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		
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:

ROBERT J. ROSCHMAN PRESIDENT

Date

Daytime Phone #

1/20/2000 954-776-7900