

# 2001 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT # P99000007336

1. Entity Name

Tri-County Home Investments, Inc.

Principal Place of Business

Mailing Address

1111 Biscayne Blvd, 1-1007  
Miami, FL 33181

"SAME"

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

SAME

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0897593

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Morales, Alexander  
1111 Biscayne Blvd, 1-1007  
Miami, FL 33181

Name

Street Address (P.O. Box Number is Not Acceptable)

SAME

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)

X

**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  
Morales, Alexander, PSTD  
1111 Biscayne Blvd, 1-1007  
Miami, FL 33181

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400004706154--0  
-12/05/01--01059--001  
\*\*\*\*158.75 \*\*\*\*158.75

☐ Change ☐ Addition

TITLE NAME  
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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

10/01/01

CR2E034 (10/00)



*Dr. Friend*  
**Joel Friend & Associates, Inc.**

**3880 Sheridan St. • Hollywood, FL 33021 • [www.joelfriend.com](http://www.joelfriend.com)**

October 16, 2001

Reinstatement Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Tri-County Home Investments, Inc.  
Charter# P99000007336

To Whom It May Concern:

On behalf of the taxpayer, I respectfully request that the State of Florida abate the reinstatement fees associated with this late filing. The taxpayer has recently received notice that Tri-County Home Investments, Inc.'s Profit Corporation Annual Report for 2000 was not timely filed. My client informed me that he has no recollection of any prior notification regarding this annual filing.

Enclosed you will find the taxpayer's payment of \$158.75 for the 2000 Annual Report and Certificate of Status.

I once again respectfully request that you abate any reinstatement fees. My client fully intends to keep this corporation active. If you should have any questions please contact me directly. I would like to thank you in advance for your attention to this matter.

Very truly yours,

Joel Friend  
Joel Friend & Associates, Inc.