

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90191 035 ***550.00

DOCUMENT # P99000007336

1. Entity Name
TRI-COUNTY HOME INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE

80127364

2. Principal Place of Business
11111 Biscayne Blvd.

3. Mailing Address
SAME

Suite, Apt. #, etc. **#1-1007**

Suite, Apt. #, etc.

-DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State

4. FEI Number
65-0897593

Applied For
Not Applicable

Zip
33181

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ALEXANDER MORALES

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

11111 Biscayne Blvd.

#1-1007

City **Miami**

FL

Zip **33181**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
ALEXANDER MORALES
PRESIDENT
11111 Biscayne Blvd. #1-1007
Miami, FL 33181

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **ALEXANDER MORALES PRESIDENT 6/28/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #