

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90223 026 ***150.00

DOCUMENT # P99000007336

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



Principal Place of Business
11111 BISCAYNE BLVD, 1-1007
MIAMI, FL 33181

Mailing Address
11111 BISCAYNE BLVD, 1-1007
MIAMI, FL 33181

11034574

2. Principal Place of Business
2640 Hollywood Blvd
Suite, Apt. #, etc.
Suite 212
City & State
Hollywood FL
Zip
33020 Country
Florida

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
MORALES, ALEXANDER
11111 BISCAYNE BLVD, 1-1007
MIAMI, FL 33181

7. Name and Address of New Registered Agent
Name
MORALES, ALEXANDER
Street Address (P.O. Box Number is Not Acceptable)
2640 Hollywood Blvd Suite 212
City
Hollywood FL Zip Code
33020

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ☒ **[Signature]** (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORALES, ALEXANDER 11111 BISCAYNE BLVD BLDG 1 #1007 MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: ☒ **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)