

2000 UNIFORM BUSINESS REPORT (UBR)

3,

FILED
May 09, 2000 8:00 am
Secretary of State

03-22-2000 90180 004 ***150.00

DOCUMENT # P99000046063

1. Entity Name

TRITHON CORPORATION

Principal Place of Business

**21 BAY HEIGHTS DR.
 MIAMI FL 33133**

Mailing Address

**21 BAY HEIGHTS DR.
 MIAMI FL 33133-2605**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

**FRIEDBAUER, ROGER
 201 S. BISCAYNE BLVD., 1500 MIAMI CENTER
 MIAMI FL 33131**

Name

Mel Schuster

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

21 Bay heights Drive

City

MIAMI

FL

Zip Code

33133-2605

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

Mel Schuster, President

March 20, 2000

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** ☒ Delete
 NAME **FRIEDBAUER, ROGER**
 STREET ADDRESS **201 S. BISCAYNE BLVD., 1500 MIAMI CENTER**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **Mel Schuster**
 STREET ADDRESS **21 Bay Heights Drive**
 CITY-ST-ZIP **Miami, FL 33133**

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

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

TITLE ☐ Change ☐ Addition
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 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:

Mel Schuster

March 20, 2000 (305) 285-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)