

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066586

1. Entity Name

TRI-MED MOUNTAIN HOTELS, INC.

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90090 032 ***158.75

Principal Place of Business

14711 SW 112TH TERRACE
MIAMI FL 33196

Mailing Address

14711 SW 112TH TERRACE
MIAMI FL 33196

2. Principal Place of Business

SUITE INTERLINK No 1166

3. Mailing Address

SUITE INTERLINK

Suite, Apt. #, etc.

7801 NW 37TH ST

Suite, Apt. #, etc.

Box 02-5635

City & State

MIAMI, FL

City & State

MIAMI, FL 33102

Zip

33166-6659

Country

USA

Zip

33102

Country

USA

4. FEI Number

65-0940855

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

VILLEGAS, HENRY A

14711 SW 112TH TERRACE
MIAMI FL 33196

Name

VILLEGAS, HENRY A

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

SUITE INTERLINK No 1166

7801 NW 37 ST

City

MIAMI, FL

FL

Zip Code

33166-6659

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

Henry A. Villegas / HENRY A. VILLEGAS / PRESIDENT

4/18/01

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, 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	D	<input type="checkbox"/> Delete
NAME	VILLEGAS, HENRY A	
STREET ADDRESS	14711 SW 12TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33196	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLEGAS, HENRY A	
STREET ADDRESS	SUITE INTERLINK No 1166	
CITY-ST-ZIP	7801 NW 37 STREET MIAMI, FL 33166-6659	
TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VILLEGAS, DAMARIS	
STREET ADDRESS	SUITE INTERLINK No 1166	
CITY-ST-ZIP	7801 NW 37 ST MIAMI, FL 33166-6659	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COWLEY, ADRIEL	
STREET ADDRESS	14711 SW 112TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33196	
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:

Henry A. Villegas / HENRY A. VILLEGAS

4/18/01

800-648-2141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)