

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91234 005 ***150.00

DOCUMENT # P99000068205

1. Entity Name

TRIKO MARINE CORPORATION. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15291 NW 60 AVENUE

3. Mailing Address

15291 NW 60 AVENUE

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

DO NOT WRITE IN THIS SPACE

City & State

MIAMI LAKES FLORIDA.

City & State

MIAMI LAKES FLORIDA

4. FEI Number

650935205

Applied For

Not Applicable

Zip

33014

Country

U.S.A.

Zip

33014

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

KOMNINOS RICARDO

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

10372 SW 23 COURT

City

MIRAMAR

FL

Zip Code

33025

**DO NOT WRITE
IN THIS SPACE**

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
PSD.
RICARDO KOMNINOS
15291 NW 60 AVENUE SUITE 200
MIAMI LAKES FL 33014.

TITLE
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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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-25-02 (305) 512-76-65

CR2E034B (12/01)