

2000 UNIFORM BUSINESS REPORT (UBR)

5/6/

FILED

Jun 06, 2000 8:00 am
Secretary of State

05-06-2000 90240 001 *1,500.00

DOCUMENT # P99000079102

1. Entity Name

TRICO III PETROLEUM, INC.

Principal Place of Business

Mailing Address

1701 SW 12 AVE
- RATON FL 33486

1701 SW 12 AVE
BOCA RATON FL 33433-3406



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7284 W. Palmetto Park Road

7284 W. Palmetto Park Road

Suite, Apt. #, etc Suite 101 South

Suite, Apt. #, etc Suite 101 South

Boca Raton, FL 33483

Boca Raton, FL 33433

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

165-0946308

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

JAFERI, ALI M
1701 SW 12 AVE
BOCA RATON FL 33486

Name

Jafari Ali M

Street Address (P.O. Box Number, if Not Applicable)

7284 W. Palmetto Park Road

Suite 101 South

Boca Raton, FL 33483

City

FL

Zip Code

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

4/29/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAFERI, ALI M 1701 SW 12 AVE BOCA RATON FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

Date

(561) 392-9450

Daytime Phone #

CH2E034 (9/99)