## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000080482 May 01, 2000 8:00 am Secretary of State 1. Entity Name TRI-STAR MANAGEMENT AND PROPERTY COMPANY 05-01-2000 90469 033 \*\*\*150.00 Principal Place of Business Mailing Address 5921 HOLLYWOOD BLVD. 5921 HOLLYWOOD BLVD. HOLLYWOOD FL 33021-6328 HOLLYWOOD FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0950501 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POTTINGER, YASMIN Street Address (P.O. Box Number is Not Acceptable) 5921 HOLLYWOOD BLVD. HOLLYWOOD FL 33023 City 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME POTTINGER, YASMIN STREET ADDRESS STREET ADDRESS 5921 HOLLYWOOD BLVD. CITY-ST-ZIP CITY-ST-ZIP **HOLLYWOOD FL 33023** ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME WALKER, DONOVAN STREET ADDRESS STREET ADDRESS 1525 FAIRWAY RD. CITY-ST-ZIP CITY-ST-7IP PEMBROKE PINES FL 33026 ☐ Delete TITI F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP