

2001 UNIFORM BUSINESS REPORT (UBR)

0010696 AF

DOCUMENT # L00000014192

1. Entity Name
TRICON HOLDINGS, LLC

FILED

01 MAR 15 PM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1020 NW 163RD DR
MIAMI FL 33169

Mailing Address
1020 NW 163RD DR
MIAMI FL 33169

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number
65-1055356

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEIFER, DAVID
2200 MUSEUM TOWER
150 W FLAGLER ST
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MANAGING MEMBER Kenneth Jacobi 1020 NW 163 DR MIAMI, FL 33169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MEMBER GUVEN KIVILCIM 1020 NW 163 DR MIAMI, FL 33169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MEMBER MUSEYIN KIZANLIKLI 1020 NW 163 DR MIAMI, FL 33169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		100003888461--4 -03/20/01--01078--016 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED _____ Date _____ Daytime Phone # _____

CR2E083 (11/00)