

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90918 015 \*\*\*158.75

**DOCUMENT # F00000000206**

1. Entity Name  
**TRINTOC SERVICES LIMITED INC.**

Principal Place of Business <b>1000 BRICKELL AVENUE, SUITE 801          MIAMI FL 33131</b>	Mailing Address <b>1000 BRICKELL AVENUE, SUITE 801          MIAMI FL 33131</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **13-2859774**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \_\_\_\_\_

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	<b>CD</b> <input checked="" type="checkbox"/> Delete
NAME	<b>BALDEOSINGH, DONALD</b>
STREET ADDRESS	<b>11 EPHARIM JOSEPH STREET</b>
CITY-ST-ZIP	<b>ARIMA, TRINIDAD, WEST INDIES</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JAGAI, RODNEY</b>
STREET ADDRESS	<b>NO 1 PLAISANCE</b>
CITY-ST-ZIP	<b>POINTE-A-PIERRE, TRINIDAD, WI</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HACKETT, DAVID</b>
STREET ADDRESS	<b>100 LONDON STREET, ST. JOSEPH VILLAGE</b>
CITY-ST-ZIP	<b>SAN FERNANDO, TRINIDAD, W.I.</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>HOSPEDALES, JEANNE R</b>
STREET ADDRESS	<b>8 ROSEMIN DRIVE</b>
CITY-ST-ZIP	<b>SAN JUAN, TRINIDAD, W.I.</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>CD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Parriag, Roderick</b>
STREET ADDRESS	<b>4-1/2 Mile Mark, Guayaguayare Road</b>
CITY-ST-ZIP	<b>Mayaro, Trinidad, West Indies</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>24 Santa Maria Drive</b>
CITY-ST-ZIP	<b>Westmoorings-by-The Sea</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>10 Bon Accord Road</b>
CITY-ST-ZIP	<b>Pointe-a-Pierre</b>
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: *Jeanne Roseanna Hospedales* **Jeanne Roseanna Hospedales** 2001/04/06 868-658-7502  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)