

2000 UNIFORM BUSINESS REPORT (UBR)

0300492

DOCUMENT # P94000007023

1. Entity Name
TRION VENTURES VI, INC.

FILED

00 FEB -3 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5310 NW 33RD AVE. SUITE 219 FT. LAUDERDALE FL 33309 US	Mailing Address 5310 NW 33RD AVENUE SUITE 219 FT. LAUDERDALE FL 33309-6300 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 65-0510682	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARBER, KENNETH T
5310 NW 33RD AVE SUITE 219
FORT LAUDERDALE FL 33309

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE PTSD	<input type="checkbox"/> Delete
NAME BARBER, KENNETH T	
STREET ADDRESS 5310 NW 33RD AVE, SUITE 219	
CITY-ST-ZIP FORT LAUDERDALE FL	
TITLE VP	<input type="checkbox"/> Delete
NAME RICHARD BRANSCOMB	
STREET ADDRESS 5310 NW 33RD AVE #219	
CITY-ST-ZIP FT LAUDERDALE FL 33309	
TITLE VP	<input type="checkbox"/> Delete
NAME PHYLLIS M BAKER	
STREET ADDRESS 5310 NW 33RD AVE #219	
CITY-ST-ZIP FT LAUDERDALE FL 33309	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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****150.00 ****150.00

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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] Date: 1-27-00 Daytime Phone #: (919) 731-0664

CR2E034 (9/99)