## 2001 UNIFORM BUSINESS REPORT (UBR) DOCÜMENT # **P9400007023** TRION VENTURES VI, INC. Mailing Address Principal Place of Business 5310 NW 33RD AVENUE 5310 NW 33RD AVE. **SUITE 219** SUITE 219 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip

Country

BARBER, KENNETH T

5310 NW 33RD AVE SUITE 219 FORT LAUDERDALE FL 33309

9. This corporation is eligible to satisfy its Intangible

BARBER, KENNETH T

FORT LAUDERDALE FL

RICHARD BRANSCOMB

PHYLLIS M BAKER

5310 NW 33RD AVE #219

FT LAUDERDALE FL 33309

5310 NW 33RD AVE #219

FT LAUDERDALE FL 33309

5310 NW 33RD AVE, SUITE 219

Tax filing requirement and elects to do so.

(See criteria on back)

PTSD

11.

TITLE

NAME

TITLE

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NAME

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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12.

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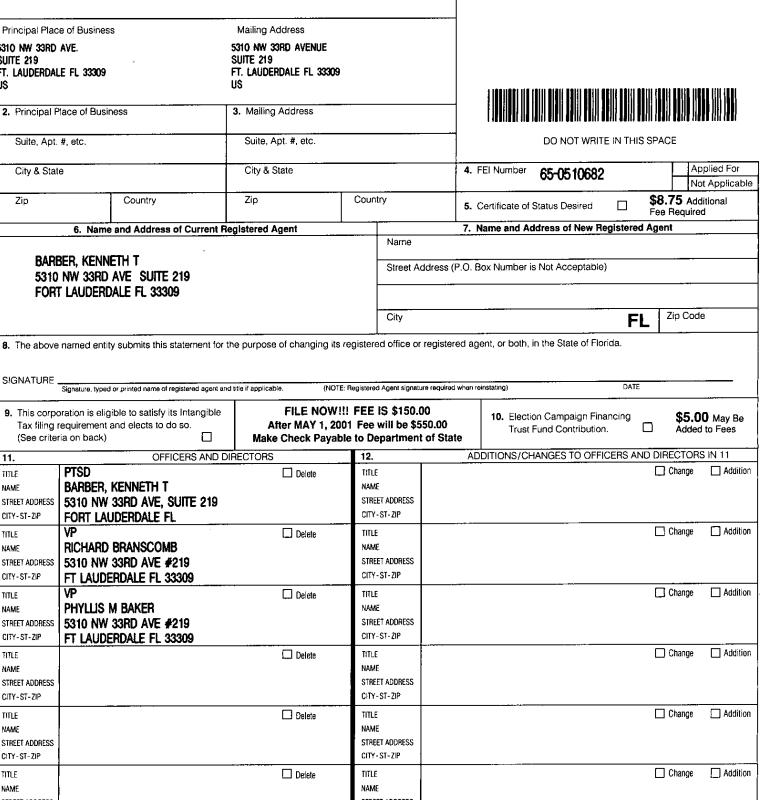
CITY-ST-ZIP

Name

City

## **FILED** May 16, 2001 8:00 am Secretary of State

05-16-2001 90195 023 \*\*\*150.00



13. I hereby certify that the information supplied with this filling 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 Ongoter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered to execute this recohanged, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

Zip

SIGNATURE: KENNETH T. BARBER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)