

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90170 045 \*\*\*150.00

**DOCUMENT # 684367**

1. Entity Name  
**TRINIDAD ENTERPRISES, INC.**



Principal Place of Business  
**18105 NE 19TH AVENUE  
NORTH MIAMI BEACH FL 33162-1605**

Mailing Address  
**18105 NE 19TH AVENUE  
NORTH MIAMI BEACH FL 33162-1605**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2028693**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRINIDAD, JOSE H.  
18239 NW 61 COURT  
MIAMI FL 33015**

Name

**Liliana J. Luna**

Street Address (P.O. Box Number is Not Acceptable)

**2115 NE 182nd Street**

City

**North Miami Beach FL 33162**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Liliana J. Luna*  
Signature, typed or printed name of registered agent and title if applicable.

**Liliana J. Luna Secretary-Director 01-10-2003**  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**  Delete  
NAME **TRINIDAD, JOSE H.**  
STREET ADDRESS **18239 NE 61ST CT.**  
CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **9725 Tomorrow Court**  
CITY-ST-ZIP **Las Vegas NV. 89147-7252**

TITLE **VD**  Delete  
NAME **TRINIDAD, MIGUEL H.**  
STREET ADDRESS **2145 NE MIAMI GARDEN DR.**  
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD**  Delete  
NAME **LUNA, LILIANA J.**  
STREET ADDRESS **2115 NE 182ND ST.**  
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD**  Delete  
NAME **KLEIN, LILA**  
STREET ADDRESS **1900 NE 186 TH DRIVE**  
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jose H. Trinidad* **Jose H. Trinidad PD 01-10-03 (305)947-5511**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)