

2002 UNIFORM BUSINESS REPORT (UBR)

0002718 AV

DOCUMENT # A95000001846

1. Entity Name
W-BRICK, LTD.

FILED
02 MAY -3 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5310 N.W. 33RD AVE., STE. 219
FT. LAUDERDALE FL 33309

Mailing Address
5310 N.W. 33RD AVE., STE. 219
FT. LAUDERDALE FL 33309

2. Principal Place of Business
4901 N. FED. HWY
Suite, Apt. #, etc. 100

3. Mailing Address
4901 N. FED. HWY
Suite, Apt. #, etc. 100

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

Zip 33308 **Country**

Zip 33308 **Country**

DUE BY MAY 1, 2002

4. FEI Number 65-0716767 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

BARBER, KENNETH T
5310 N.W. 33RD AVE., STE. 219
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4901 N. FEDERAL HWY #100

City FT. LAUDERDALE FL Zip Code 33308

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.

9. Capital Contributions as Shown on record. \$99.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P94000007037 TRION VENTURES VII, INC. 5310 N.W. 33RD AVENUE, STE. 219 FT. LAUDERDALE FL 33309	STREET ADDRESS CITY-ST-ZIP	4901 N. FED. HWY #100 FT. LAUDERDALE, FL. 33308
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **4/30/02 954-491-3848**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)