

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 11, 2001 08:00 AM**
Secretary of State**DOCUMENT # A96000001657**1. Entity Name
CENTRES TRION, LTD.

Principal Place of Business

2 DATRAN CENTER, #1528
9130 S. DADELAND BLVD.
MIAMI
33156

FL

Mailing Address

C/O CENTRES, INC., TWO DATRAN CENTER #1528
9130 S. DADELAND BLVD.
MIAMI
33156

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

C/O CENTRES INC.

Suite, Apt. #, etc.

9130 S. DADELAND BLVD., #1528

City & State

MIAMI

FL

Zip

Country

4. FEI Number

39-1862526

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

CENTRES TRION, INC.
2 DATRAN CENTER, #1528
9130 S. DADELAND BLVD.
MIAMI
33156

US

FL

7. Name and Address of New Registered Agent

Name

CHARLTON DAVID K

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

2 DATRAN CENTER, #1528

9130 S. DADELAND BLVD.

City

MIAMI

FL

Zip Code
33156

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 **DAVID K. CHARLTON****04/11/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record. **5,000.00**10. Amount of Capital Contributions
in FLORIDA to date. **5,000.00****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

DOCUMENT #
NAME CENTRES TRION, INC.
STREET ADDRESS 3315 NORTH 124TH STREET, SUITE E
CITY-ST-ZIP BROOKFIELD WI 53005DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 9130 S. DADELAND BLVD., #1528
CITY-ST-ZIP MIAMI FL 33156STREET ADDRESS
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CITY-ST-ZIP

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: **DAVID K. CHARLTON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SVST 04/11/2001

Date

Daytime Phone #

CR2E003 (11/00)