

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000438

1. Entity Name

SAN ANTONIO TRINITY INVESTMENT, LTD.

Principal Place of Business

10358 RIVERSIDE DRIVE  
PALM BEACH GARDENS FL 33410

Mailing Address

10358 RIVERSIDE DRIVE  
PALM BEACH GARDENS FL 33410-4216

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR 28 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2523 BURNS ROAD

3. Mailing Address

2523 BURNS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

4. FEI Number

65-0794437

Applied For

Not Applicable

Zip

33410

Country

US

Zip

33410

Country

US

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

DIVOSTA, GUY M

10358 RIVERSIDE DRIVE

PALM BEACH GARDENS FL 33410

Name

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

2523 BURNS ROAD

PALM BEACH GARDENS, FL

FL

Zip Code

33410

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

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.

\$990.00

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 # P97000015932  
NAME TRINITY TEXAS, INC.  
STREET ADDRESS 10358 RIVERSIDE DRIVE  
CITY - ST - ZIP PALM BEACH GARDENS FL 33410

STREET ADDRESS 2523 BURNS ROAD  
CITY - ST - ZIP PALM BEACH GARDENS, FL 33410

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-26-00

Date

561-625-4663

Daytime Phone #