MAY-1-2002 03:28P FROM:

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91758 042 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002254

1. Entity Name
THE TRINITY GROUP-I, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
249 NORTH SAW MILL RIVER RD.
Suite, Apt # etc.
City & State
ELMSFORD NY
Zip 10523 Country

3. Mailing Address
249 NORTH SAW MILL RIVER RD.
Suite, Apt # etc.
City & State
ELMSFORD NY
Zip 10523 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 133998041 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name SCHILLER, LEWIS S
Street Address (P.O. Box Number is Not Acceptable) 21634 CLUB VILLA TERRACE
City BOCA RATON FL FL Zip Code 33433

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. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CP
NAME	SCHILLER, LEWIS S
STREET ADDRESS	21634 CLUB VILLA TERRACE
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	S
NAME	WNUK, GRAZYNA
STREET ADDRESS	21634 CLUB VILLA TERR
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #