

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011619

1. Entity Name

TRINITY SERVICES, L.L.C.

FILED

01 MAY -7 PM 3: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7135 CARLYLE AVE., STE. 06
MIAMI BEACH FL 33141

Mailing Address

7135 CARLYLE AVE., STE. 06
MIAMI BEACH FL 33141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

201 180TH DRIVE

3. Mailing Address

201 180TH DRIVE

Suite, Apt. #, etc.

APT. 312

Suite, Apt. #, etc.

APT. 312

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

EIN 65-1043603

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

33160

Country

USA

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAVO, ALEJANDRO

7135 CARLYLE AVE., STE. 06

MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name

BRAVO, ALEJANDRO

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

201 180TH DRIVE APT. 312

City

MIAMI

FL

Zip Code

33160

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

000004375250--0

-06/07/01--01032--008

*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME BRAVO, ALEJANDRO ☐ Delete
STREET ADDRESS 7135 CARLYLE AVE., STE. 06
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☐ Addition
NAME BRAVO, ALEJANDRO
STREET ADDRESS 201 180TH DRIVE APT. 312
CITY-ST-ZIP MIAMI FLORIDA 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

042701

3056928567