FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am **Secretary of State** L82529 DOCUMENT # 1. Entity Name 03-06-2002 90129 045 ***150.00 TRINI AND MIMO CORPORATION Principal Place of Business Mailing Address 7411 SABAL DRIVE 7411 SABAL DRIVE MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0204682 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LLERA, TOMAS Street Address (P.O. Box Number is Not Acceptable) 7411 SABAL DRIVE MIAMI LAKES FL 33014 City Zip Code 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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) . FILE NOW!!! FEE IS:\$150.00 - 9.—This corporation is eligible to satisfy its Intangible-10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01 TITLE ☐ Delete TITLE Change [] Addition LLERA, TOMAS NAME 7411 SABEL DR STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33014 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LLERA, CORA NAME STREET ADDRESS 7411 SABEL DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME TAPIA, MARIA STREET ADDRESS STREET ADDRESS 6955 MAPLE TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME TAPIA, TRINIDAD NAME STREET ADDRESS STREET ADDRESS 6955 MAPLE TERRACE CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attac

address, with all other like empowered