

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90019 027 *****66.25

DOCUMENT # N99000001315

1. Entity Name

TRIN TOC CULTURAL AND ATHLETIC ORGANIZATION, INC

Principal Place of Business

18200 N.W. 20TH AVENUE
 APT. #19
 MIAMI FL 33056

Mailing Address

18200 N.W. 20TH AVENUE
 APT. #19
 MIAMI FL 33056

625524



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18200 N.W. 20TH AVE
 Suite, Apt. #, etc. #19.

3. Mailing Address

18200 N.W. 20TH AVE
 Suite, Apt. #, etc. #19

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33056

Country

Zip

33056

Country

4. FEI Number

Not APPLICABLE
 Non Profit Corporation

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, CASSIN
 18200 N.W. 20TH AVENUE
 APT. #19
 MIAMI FL 33056

7. Name and Address of New Registered Agent

Name

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

City

FL

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 CASSIN TAYLOR

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

(NOTE: Registered Agent signature required when reinstating)

2/12/01
 DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

☒ **\$5.00 May Be**
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME TAYLOR, CASSIN
 STREET ADDRESS 18200 N.W. 20TH AVENUE, APT. #19
 CITY-ST-ZIP MIAMI FL 33056 ☐ Delete

TITLE D
 NAME GOMEZ, FRANK
 STREET ADDRESS 19415 N.W. 39TH AVE.
 CITY-ST-ZIP MIAMI FL 33055 ☐ Delete

TITLE D
 NAME KING, ANN MARIE
 STREET ADDRESS 18200 N.W. 20TH AVENUE APT 19
 CITY-ST-ZIP MIAMI FL 33056 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: CASSIN TAYLOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/00)

625524

From the desk of...

CASSIN TAYLOR

N99000001315

Dear Sir or Madam,

Lin Toe Cultural & Athletic.
organization Inc. is a Non-
Profit Organization. as a result
An FEI Number is not required.

Respectfully yours

Cassin Taylor