

2000 UNIFORM BUSINESS REPORT (UBR)

8.

DOCUMENT # N99000001581

1. Entity Name

TRINI SOUTH BOYZ PRODUCTION, INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-04-2000 90003 014 ****61.25

Principal Place of Business
10610 WASHINGTON AVENUE
#17-103
PEMBROKE PINES FL 33025

Mailing Address
10610 WASHINGTON AVENUE
#17-103
PEMBROKE PINES FL 33025-3536

2. Principal Place of Business
153 NE 116th ST
Suite, Apt. #, etc.

3. Mailing Address
153 NE 116th ST
Suite, Apt. #, etc.

City & State
North Miami FL
Zip 33161 Country USA

City & State
North Miami FL
Zip 33161 Country USA

4. FEI Number
Non-profit-Organization ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ALEXANDER, ANDY
10610 WASHINGTON AVENUE
#17-103
PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent
Name: Rene Hackshaw
Street Address (P.O. Box Number Is Not Acceptable)
5501 SW 33rd Street
City: Pembroke Pk. FL Zip Code 33023

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: RENE HACKSHAW
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

7-28-00
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	P	<input type="checkbox"/> Delete
NAME	WHITEMAN, MARLON P	
STREET ADDRESS	155 N.E. 116TH ST.	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HECTOR, NIGEL	
STREET ADDRESS	1040 N.E. 210 TERRACE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ALEXANDER, ANDY	
STREET ADDRESS	10610 WASHINGTON AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brent SEBRO	
STREET ADDRESS	8240 SW 149th #210	
CITY-ST-ZIP	Miami FL 33193	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rene Hackshaw	
STREET ADDRESS	5501 SW 33rd Street	
CITY-ST-ZIP	Pembroke Pk. FL 33023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: MARLON WHITEMAN
Signature and typed or printed name of signing officer or director

7/28/00 (954) 985-1500
Date Daytime Phone #

CR2E037 (9/99)