

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90012 033 ****61.25

00062472

DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|---|---|
| DOCUMENT # <u>1190000006785</u> | | | |
| 1. Entity Name <u>TRINIDAD & TOBAGO SALT AGEN OF FLORIDA, INC.</u> LA | | | |
| Principal Place of Business <u>1740 N.W. 187th St</u> <u>MIAMI, FL. 33056</u> | | Mailing Address | |
| 2. Principal Place of Business <u>SAME</u> | | 3. Mailing Address <u>SAME</u> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number <u>650969011</u> | | Applied For <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | |
| 6. Name and Address of Current Registered Agent <u>BRIAN BROWN</u> <u>1740 N.W. 187th St</u> <u>MIAMI, FL. 33056</u> | | | |
| 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 admits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. | | | |
| SIGNATURE <u>Brian Brown</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE | | | |
| FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make Check Payable to Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>PRESIDENT</u> <u>BRIAN BROWN</u> <u>1740 N.W. 187th St</u> <u>MIAMI, FL. 33056</u> <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>SECRETARY/TREASURER</u> <u>BRENDA JENNINGS</u> <u>1740 N.W. 187th St</u> <u>MIAMI, FL. 33056</u> <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>PUBLIC RELATIONS</u> <u>DAT CAMPBELL</u> <u>1381 N.W. 133rd St</u> <u>MIAMI, FL. 33167</u> <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>ASST. SECRETARY</u> <u>LONSTON SAMUEL</u> <u>500 N.W. 157th St</u> <u>MIAMI, FL. 33169</u> <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

Brian Brown

8/21/01 305-377-5022

CR2E037 (5/01)