

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000032240**

1. Entity Name

TRINIBAH TRADING COMPANY, INC.**FILED****Feb 05, 2001 8:00 am**
Secretary of State

02-05-2001 90092 029 ***150.00

Principal Place of Business

Mailing Address

2269 S. UNIVERSITY DRIVE NO. 261
DAVIE FL 33324**2269 S. UNIVERSITY DRIVE NO. 261**
DAVIE FL 33324

2. Principal Place of Business

4310 W. BROWARD BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B

City & State

PLANTATION, FL

4. FEI Number

65-0996974

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

CONIGLIO, JOHN A
4801 SOUTH UNIVERSITY DRIVE
SUITE 3000
DAVIE FL 33328

7. Name and Address of New Registered Agent

Name

H. NATHAN CHARLES

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

250 JACARANDA DRIVE #603

City

PLANTATION**FL**

Zip Code

33324

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

H. Nathan Charles - Director**H. NATHAN CHARLES****1/30/01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WOOD-CHARLES, VIVAN NINA M**
STREET ADDRESS **250 JACARANDA DRIVE #603**
CITY-ST-ZIP **PLANTATION FL 33324**TITLE **D** ☐ Delete
NAME **CHARLES, H. NATHAN**
STREET ADDRESS **250 JACARANDA DRIVE #603**
CITY-ST-ZIP **PLANTATION FL 33324**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 or 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **H. Nathan Charles**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. NATHAN CHARLES

Date

1/30/01

Daytime Phone #

(954) 792-0426

CR2E034 (10/00)