

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90149 037 ***150.00

DOCUMENT # P01000048842

1. Entity Name

Trinidad International Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8310 Mills Dr.

3. Mailing Address

8310 Mills Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL.

City & State

Miami, FL.

4. FEI Number

05-1120158

Applied For

Not Applicable

Zip

33183

Country

USA

Zip

33183

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

~~Ruben Uribe~~ Ruben Uribe

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

~~8310 Mills Dr~~

City

Miami

FL

Zip Code

33183

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03/18/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<u>Director</u>
NAME	<u>Ruben Uribe</u>
STREET ADDRESS	<u>8310 Mills Drive</u>
CITY-ST-ZIP	<u>Miami, Florida 33183</u>
TITLE	<u>Director</u>
NAME	<u>Sofia Galaz</u>
STREET ADDRESS	<u>8310 Mills Drive</u>
CITY-ST-ZIP	<u>Miami, Florida 33183</u>
TITLE	<u>DIRECTOR</u>
NAME	<u>Elizabeth Helou</u>
STREET ADDRESS	<u>8310 Mills Drive</u>
CITY-ST-ZIP	<u>Miami, Florida 33183</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth Helou

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/02

Date

308-576-0086

Daytime Phone #

CR2E034B (12/01)