

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

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90203 043 ***150.00

DOCUMENT # **PO1000064503** ✓

1. Entity Name
TRIO ENTERTAINMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3211 FIESTA WAY

Suite, Apt. #, etc.

3. Mailing Address
3211 FIESTA WAY

Suite, Apt. #, etc.

B0058308

DO NOT WRITE IN THIS SPACE

City & State
POMPANO BEACH, FL

Zip
33062

Country
U.S.A.

City & State
POMPANO BEACH, FL

Zip
33062

Country
USA

4. FEI Number
65-1127956

Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
HELEN C. COSTA, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
7330 W. 20TH AVENUE

City
MIAMI LAKES **FL** Zip Code
33016

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

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
DIRECTOR
NAME
SOMERS, MARK R.
STREET ADDRESS
3211 FIESTA WAY
CITY - ST - ZIP
POMPANO BEACH, FL. 33062

TITLE
DIRECTOR
NAME
GONZALEZ, DANIEL
STREET ADDRESS
14008 LAKE GEORGE COURT
CITY - ST - ZIP
MIAMI LAKES, FL. 33014

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE: **Mark R. Somers** **MARK R. SOMERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-25-02 954-818-4229

Date

Daytime Phone #

CR2E034B (12/01)