# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 02, 2002 8:00 am**
**Secretary of State**
05-21-2002 91141 012 ****70.00
07-02-2002 90810 015 ****88.75

DOCUMENT # P01000076506

1. Entity Name
TRINITY EDUCATIONAL NETWORK SERVICES,INC.

[redacted]30126636

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1305 Blossom Brook Ct. | P. O. Box 1323 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Brandon, FL 33511 | City & State: Brandon, FL 33509 |
| Zip: 33511 Country: USA | Zip: 33509 Country: USA |

4. FEI Number: 59-3730215 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Dr. Juan Velazquez
Street Address (P.O. Box Number is Not Acceptable): 1305 Blossom Brook Ct.
City: Brandon FL Zip Code: 33511

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: Dr. Juan Velazquez, President 04/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS $61.25**
**Initial or Amended UBR**

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<br>NAME Dr. Juan Velazquez, Pres.<br>STREET ADDRESS 1305 Blossom Brook Ct.<br>CITY-ST-ZIP Brandon, FL 33511 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE VP<br>NAME Jose Gomez, Jr., VP<br>STREET ADDRESS 4920 Baycrest Dr.<br>CITY-ST-ZIP Tampa, FL 33615 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE S-T<br>NAME Sary L. Donato, Sec-Treas.<br>STREET ADDRESS 1305 Blossom Brook Ct.<br>CITY-ST-ZIP Brandon, FL 33511 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |

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CR2E037B (12/01)

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

SIGNATURE: Dr. Juan Velazquez, President 04/30/02 (813) 918-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #