

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90040 006 ***158.75

0005798 AT

DOCUMENT # P01000116296

1. Entity Name

TRISYNC TECHNOLOGY, INC.

Principal Place of Business

19450 N.W. 4TH COURT
 PEMBROKE PINES FL 33029

Mailing Address

19450 N.W. 4TH COURT
 PEMBROKE PINES FL 33029

2. Principal Place of Business

1580 Sawgrass Corporate Parkway
 Suite, Apt. #, etc.
 #130

3. Mailing Address

1580 Sawgrass Corporate Parkway
 Suite, Apt. #, etc.
 #130

DO NOT WRITE IN THIS SPACE

City & State

Sunrise, FL

City & State

Sunrise FL

4. FEI Number

05-1159718

Applied For

Not Applicable

Zip

33323

Country

USA

Zip

33323

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, GARY L ESQ.
 4000 HOLLYWOOD BLVD., SUITE 265-SOUTH
 HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name: GARY BROWN
 Street Address (P.O. Box Number is Not Acceptable): PRESIDENTIAL CIRCLE, Suite # 265-S
 4000 Hollywood Boulevard
 City: Hollywood FL Zip Code: 33021

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ANTONIO M	
STREET ADDRESS	19450 N.W. 4TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	WASHINGTON, JOHNNY	
STREET ADDRESS	6241 S.W. 195TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33332	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, EDWARD A	
STREET ADDRESS	15982 S.W. 3RD STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, JOHNNY	
STREET ADDRESS	6241 SW 195TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33332	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)