

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000069536

1. Entity Name

TRION VENTURES V, INC.

FILED

00 FEB -2 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5310 N.W. 33RD AVE  
SUITE 219  
FT. LAUDERDALE FL 33309

5310 N.W. 33RD AVE  
SUITE 219  
FT. LAUDERDALE FL 33309-6300

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0447735

Applied For  
Not Applied

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARBER, KENNETH T  
5310 NW 33RD AVE  
SUITE 219  
FT. LAUDERDALE FL 33309

Name

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

City

FL

Zip Code

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
BARBER, KENNETH T  
5310 NW 33RD AVE SUITE 219  
FT. LAUDERDALE FL 33309  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400003128494--7  
-02/08/00--01136--001  
\*\*\*\*150.00 \*\*\*\*150.00  
 Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
RICHARD BRANSCOMB  
5310 NW 33RD AVE #219  
FT LAUDERDALE FL 33309  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
PHYLLIS M BAKER  
5310 NW 33RD AVE #219  
FT LAUDERDALE FL 33309  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change

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 a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-00W 979 731-0000