

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90018 001 ***158.75

DOCUMENT # P93000074696

1. Entity Name

TRIGON INTERNATIONAL CORPORATION

Principal Place of Business

**4014 CHASE AVENUE
 SUITE 212
 MIAMI BEACH FL 33140**

Mailing Address

**5401 COLLINS AVE.
 SUITE 822
 MIAMI BEACH FL 33140**

2. Principal Place of Business

10471 NW 28TH ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

Zip

33142

Country

DADE

Zip

Country

4. FEI Number

65-0447756

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BJOS, JOSE LUIZ G
 5401 COLLINS AVE. STE 822
 CLEWISTON FL 33440**

7. Name and Address of New Registered Agent

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

03/28/02

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 **DT** ☒ Delete
 NAME **BOAVENTURA, JOAO M GAMA**
 STREET ADDRESS **RUA DIOGO JACOME, 583**
 CITY-ST-ZIP **SAO PAULO CE**

TITLE **DS** ☒ Delete
 NAME **WARWICK, MARCONDES F**
 STREET ADDRESS **FUA DIOGO JACOME, 583**
 CITY-ST-ZIP **SAO PAULO CE**

TITLE **DP** ☐ Delete
 NAME **BJOS, JOSE LUIZ G**
 STREET ADDRESS **5401 COLLINS AVENUE, APT 820**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DT/VP** ☐ Change ☒ Addition
 NAME **LUIZ ROGERIO BIOS**
 STREET ADDRESS **7135, COLLINS AVE. PH 1**
 CITY-ST-ZIP **MIAMI BEACH - FL - 33141**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP/DS** ☒ Change ☐ Addition
 NAME **BIOS, JOSE LUIZ G.**
 STREET ADDRESS **5401 COLLINS AV. # 820**
 CITY-ST-ZIP **MIAMI BEACH - FL - 33140**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/28/02

305-4710021

CR2E034 (9/01)