

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90180 008 ***158.75

DOCUMENT # P93000074696

1. Entity Name
TRIGON INTERNATIONAL CORPORATION



Principal Place of Business
10471 NW 28TH ST.
MIAMI FL 33172

Mailing Address
5401 COLLINS AVE.
SUITE 822
MIAMI BEACH FL 33140



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0447756**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIJOS, JOSE LUIZ G
5401 COLLINS AVE. STE 822
~~CLEWISTON FL 33440~~

Name **BIJOS, JOSE LUIZ G.**
Street Address (P.O. Box Number is Not Acceptable) **5401 COLLINS AV. SUITE 822**
City **MIAMI BEACH** **FL** **Zip Code** **33140**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DTVP** ☐ Delete
NAME **BIJOS, LUIZ R**
STREET ADDRESS **7135 COLLINS AVE. PH 1**
CITY-ST-ZIP **MIAMI FL 33147**

TITLE **VP** ☒ Change ☐ Addition
NAME **BIJOS, LUIZ R**
STREET ADDRESS **7135 COLLINS AV. PH 1**
CITY-ST-ZIP **MIAMI BEACH FL 33147**

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

TITLE **PETER P. BONNIN** ☒ Change ☒ Addition
NAME **PETER P. BONNIN**
STREET ADDRESS **[Crossed out]**
CITY-ST-ZIP **[Crossed out]**

TITLE ☐ Delete
NAME **[Crossed out]**
STREET ADDRESS **[Crossed out]**
CITY-ST-ZIP **[Crossed out]**

TITLE **BONNIN, PETER P.** ☐ Change ☒ Addition
NAME **BONNIN, PETER P.**
STREET ADDRESS **[Crossed out]**
CITY-ST-ZIP **[Crossed out]**

TITLE ☐ Delete
NAME **[Crossed out]**
STREET ADDRESS **[Crossed out]**
CITY-ST-ZIP **[Crossed out]**

TITLE **DT** ☐ Change ☒ Addition
NAME **BONNIN, PETER P.**
STREET ADDRESS **10471 NW 28TH STREET**
CITY-ST-ZIP **MIAMI - FL - 33172**

TITLE ☐ Delete
NAME **[Crossed out]**
STREET ADDRESS **[Crossed out]**
CITY-ST-ZIP **[Crossed out]**

TITLE ☐ Change ☐ Addition
NAME **[Crossed out]**
STREET ADDRESS **[Crossed out]**
CITY-ST-ZIP **[Crossed out]**

TITLE ☐ Delete
NAME **[Crossed out]**
STREET ADDRESS **[Crossed out]**
CITY-ST-ZIP **[Crossed out]**

TITLE ☐ Change ☐ Addition
NAME **[Crossed out]**
STREET ADDRESS **[Crossed out]**
CITY-ST-ZIP **[Crossed out]**

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26/MARCH/2003
Date

305-6105434
Daytime Phone #

CR2E034 (10/02)