

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90347 010 ***150.00

DOCUMENT # P94000007037

1. Entity Name
TRION VENTURES VII, INC.

Principal Place of Business

**5310 NW 33RD AVE.
 SUITE 219
 FT. LAUDERDALE FL 33309**

Mailing Address

**5310 NW 33RD AVE.
 SUITE 219
 FT. LAUDERDALE FL 33309**

2. Principal Place of Business

**4901 N. FED. HWY.
 Suite, Apt. #, etc.
 100**

3. Mailing Address

**4901 N. FED. HWY.
 Suite, Apt. #, etc.
 100**

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33308

Country

Zip

33308

Country

4. FEI Number

65-0586162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

4901 N. FED. HWY. #100

City

FT. LAUDERDALE

State

FL

Zip Code

33308

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 **S** ☐ Delete
 NAME **BARBER, LESLIE W**
 STREET ADDRESS **5310 NW 33RD AVE. STE 219**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE **PTD** ☐ Delete
 NAME **BARBER, KENNETH T**
 STREET ADDRESS **5310 NW 33RD AVENUE STE 219**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE **VP** ☐ Delete
 NAME **BAKER, PHYLLIS M**
 STREET ADDRESS **5310 NW 33RD AVENUE STE 219**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

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 **S** ☒ Change ☐ Addition
 NAME **BARBER, LESLIE W**
 STREET ADDRESS **4901 N. FED. HWY #100**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

TITLE **PTD** ☒ Change ☐ Addition
 NAME **BARBER, KENNETH T**
 STREET ADDRESS **4901 N. FED. HWY #100**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

TITLE **VP** ☒ Change ☐ Addition
 NAME **BAKER, PHYLLIS M**
 STREET ADDRESS **4901 N. FED. HWY #100**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

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 a power of attorney or other like empowered.

SIGNATURE:

PHYLLIS M BAKER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2002
 Date

954-491-3848
 Daytime Phone #

CR2E034 (9/01)