2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 15, 2000 8:00 am DOCUMENT # **P94000029599 Secretary of State** TRIMEX ENTERPRISES INC. 03-15-2000 90018 012 ***150.00 Mailing Address Principal Place of Business 8362 PINES BOULEVARD 8362 PINES BOULEVARD SUITE 188 SUITE 188 O M I V V V PEMBROKE PINES FL 33024 PEMBRÖKE PINES FL 33024-6600 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0475646 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILVA, YVONNE Street Address (P.O. Box Number is Not Acceptable) 8362 PINES BOULEVARD SUITE 188 PEMBROKE PINES FL 33024 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRESIDENT Delete TITLE TITLE Phillips Michael A. SILVA-CONTRERAS, SERGIO P NAME NAME 10580 NW STREET ADDRESS STREET ADDRESS 10580 NORTH WEST 6TH STREET CITY-ST-ZIP Pembroke tines. CITY-ST-ZIP PEMBROKE PINES FL 33026 VICE-PRESIDENT SERGIO P. SILVA-Contreras Change 10580 NW 6th St ☐ Delete TITLE SILVA, YVONNE NAME NAME STREET ADDRESS 10580 NORTH WEST 6TH STREET STREET ADDRESS Pembroke Pines, FL 33026 CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

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:

3/9/00

957

433-1383

Date

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information