

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90166 026 \*\*\*150.00

**DOCUMENT # P94000053553**

1. Entity Name

**TRINI EXPRESS, INC.**



Principal Place of Business

**1305 WHITE PINE DR  
WELLINGTON FL 33414  
US**

Mailing Address

**1305 WHITE PINE DR  
WELLINGTON FL 33414  
US**

2. Principal Place of Business

**12877 CASEY RD**

3. Mailing Address

**12877 CASEY RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LOXAHATCHEE FL**

City & State

**LOXAHATCHEE FL**

Zip

**33470**

Country

**USA**

Zip

**33470**

Country

**USA**

4. FEI Number

**65-0505858**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RAMLAKHAN, TRICIA A M  
1305 WHITE PINE DR  
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name **TRICIA A-M. RAMLAKHAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**12877 CASEY RD**  
City **LOXAHATCHEE** **FL** Zip Code **33470**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Tricia A Ramlakhan*

**TRICIA A M RAMLAKHAN**

**4/24/03**

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  
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **RAMLAKHAN, ROOPKUMAR**  
STREET ADDRESS **1305 WHITE PINE DR**  
CITY-ST-ZIP **WELLINGTON FL**

TITLE **S** ☐ Delete  
NAME **RAMLAKHAN, TRICIA A.M.**  
STREET ADDRESS **1305 WHITE PINE DR**  
CITY-ST-ZIP **WELLINGTON 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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **ROOPKUMAR RAMLAKHAN**  
STREET ADDRESS **12877 CASEY RD**  
CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

TITLE **SECRETARY** ☒ Change ☐ Addition  
NAME **TRICIA A-M. RAMLAKHAN**  
STREET ADDRESS **12877 CASEY RD**  
CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

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

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

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: *Tricia A Ramlakhan* **TRICIA A M RAMLAKHAN** **4/24/03** **662-4955**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)