

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90459 038 \*\*\*150.00

0349631 AV

**DOCUMENT # P95000094985**

1. Entity Name

**TRINIDAD CORP.**

Principal Place of Business

Mailing Address

**505 S. FLAGLER DR.**

**505 S. FLAGLER DR.**

**SUITE 300**

**SUITE 300**

**WEST PALM BEACH FL 33401**

**WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0626514**

Applied For

Not Applicable

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

**CHOPIN, L. FRANK**

**505 S. FLAGLER DRIVE**

**SUITE 300**

**WEST PALM BEACH FL 33401**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Delete  
NAME **CHOPIN, L. FRANK**  
STREET ADDRESS **505 S. FLAGLER DRIVE, STE., 300**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 authority like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-01-02

561-655-9500

CR2E034 (9/01)

*Attachment*  
*Chopin & Miller*  
*Attorneys at Law*  
*A Partnership of Professional Associations*

827563

505 S. FLAGLER DRIVE  
FLAGLER CENTER TOWER, SUITE 300  
WEST PALM BEACH, FLORIDA 33401  
TELEPHONE: (561) 655-9500

MAILING ADDRESS:  
POST OFFICE BOX 4297  
WEST PALM BEACH, FLORIDA 33402  
FACSIMILE: (561) 655-9508

April 2, 2002

Florida Secretary of State  
Division of Corporations  
Uniform Business Report Filings  
Post Office Box 1500  
Tallahassee, FL 32302-1500

*Attachment*

Re: **Trinidad Corp.**  
**Document #P95000094985**

Dear Sir or Madam:

I enclose the 2002 Uniform Business Report (UBR) and \$150.00 filing fee for the above referenced corporation.

Please telephone me, should you have any questions.

Sincerely,

*John L. Shaw*  
John L. Shaw  
Legal Assistant

JLS/  
Enclosure