

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000003645

1. Entity Name

TRINITY MOTORS, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90094 007 ***150.00

Principal Place of Business

Mailing Address

2320 SW 56 AVE.
HOLLYWOOD FL 33023

2320 SW 56 AVE.
HOLLYWOOD FL 33312-2111

2. Principal Place of Business

3. Mailing Address

680 SW 27 AVENUE
Suite, Apt. #, etc.

680 SW 27 AVENUE
Suite, Apt. #, etc.

City & State
FORT LAUDERDALE FL

City & State
FORT LAUDERDALE FL

Zip
33312

Country
USA

Zip
33312

Country
USA

4. FEI Number 65-0648231

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

CHOW LIN ON, BRENDON
2429 CAT CAY LN.
FT. LAUDERDALE FL 33312

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, 2000 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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
CHOW LIN ON, BRENDON
2429 CAT CAY LANE
FORT LAUDERDALE FL 33312 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
SPRINGER, TONYA
2429 CAT CAY LANE
FORT LAUDERDALE FL 33312 ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
☐ Change ☐ Addition

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 title, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2000

Date

954-581-3330

Daytime Phone #

CR2E034 (9/99)