

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074133

1. Entity Name

TRINITY ENTERPRIZES CONSORTIUM, INC. (T.E.C.)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90042 003 \*\*\*150.00

Principal Place of Business

P.O. BOX 100361  
FT. LAUDERDALE FL 33310

Mailing Address

P.O. BOX 100361  
FT. LAUDERDALE FL 33310

953748



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 100361  
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 100361  
Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE FL

4. FEI Number 65-0776971

Applied For  
Not Applicable

Zip  
33310

Country  
USA

Zip  
33310

Country  
USA

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

FARINA, MICHAEL  
505 SW 1ST AVE  
BOYNTON BEACH FL 33435

Name HEIDI V. GERSTEN  
Street Address (P.O. Box Number is Not Acceptable)  
2609 FOREST HILL BLVD #228  
City WEST PALM BEACH FL Zip Code 33406-5936

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 *HEIDI GERSTEN PVST*

2-20-01

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, 2001 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 PVST  
NAME GERSTEN, HEIDI  
STREET ADDRESS 123 N CONGRESS #232  
CITY-ST-ZIP BOYNTON BEACH FL 33426 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-20-01 (561)6350184

CR2E034 (10/00)