

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083530

1. Entity Name

TRIN-JAM, INC.

Principal Place of Business

5121 N.W. 64 TERRACE
MIAMI, FL 33137

Mailing Address

5121 N.W. 64 TERRACE
MIAMI, FL 33137

2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

6. Name and Address of Current Registered Agent

GODFREY MURRAY
5121 N.W. 64 TERRACE
MIAMI, FL 33137

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, 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

CR2E034 (11/00)

TITLE: DIRECTOR
NAME: GODFREY MURRAY
STREET ADDRESS: 420 N.E. 55TH TERRACE, MIAMI, FL
CITY-ST-ZIP:

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE: DIRECTOR/PRESIDENT
NAME: MELITA NOTICE
STREET ADDRESS: 5121 N.W. 64 TERRACE
CITY-ST-ZIP: MIAMI, FL 3319

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE: DIRECTOR/VICE PRESIDENT
NAME: AZARIJAH NOTICE
STREET ADDRESS: 5121 N.W. 64 TERRACE
CITY-ST-ZIP: FORT LAUDERDALE, FL 33319

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

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CITY-ST-ZIP

Change Addition

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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
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: Melita Notice - DP

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90051 033 ***158.75

A0036218

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0788251

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required