

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094659

1. Entity Name

TRIO ENTERPRISES OF BROWARD, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90112 035 ***150.00

Principal Place of Business

306 SW 35TH AVE.
DEERFIELD FL 33442

Mailing Address

306 SW 35TH AVE.
DEERFIELD FL 33442

2. Principal Place of Business

3583 W. Hillsboro Blvd

3. Mailing Address

3583 W. Hillsboro Blvd

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

Deerfield Beach FL

City & State

Deerfield Beach FL

Zip

Country

33442

Zip

Country

33442

6. Name and Address of Current Registered Agent

SHAW, DANIEL JR
306 SW 35TH AVE.
DEERFIELD FL 33442

7. Name and Address of New Registered Agent

Name Daniel Shaw Jr.
Street Address (P.O. Box Number is Not Acceptable)
3583 W. Hillsboro Blvd
Suite # 101
City Deerfield Beach FL 33442

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

Daniel Shaw

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-01

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

TITLE D ☐ Delete
NAME SHAW, DANIEL JR
STREET ADDRESS 306 S.W. 35TH AVE.
CITY-ST-ZIP DEERFIELD BEACH FL 33442

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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 all other like empowered.

SIGNATURE:

Daniel Shaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-01

954-270-9775

0312179

CR2E034 (10/00)

C0047966



DO NOT WRITE IN THIS SPACE