

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2001 8:00 am**  
**Secretary of State**

08-01-2001 90010 001 \*\*\*150.00

**DOCUMENT # P98000021075**

1. Entity Name  
**TRIO TRANSPORTATION, INC.**

Principal Place of Business Mailing Address  
**7061 GRAND NATIONAL DR., STE. #105 J** **7061 GRAND NATIONAL DR., STE. #105 J**  
**ORLANDO FL 32819** **ORLANDO FL 32819**

2. Principal Place of Business 3. Mailing Address  
**7061 GRAND NATIONAL DR** **7061 GRAND NATIONAL DR**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**105D** **105D**  
 City & State City & State  
**ORLANDO FL** **ORLANDO FL**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3497252** 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  
**JAVAR, NABIL** Name **TRANSPORTATION, INC. NABIL JAVAR**  
**7061 GRAND NATIONAL DR., STE. #105 J** Street Address (P.O. Box Number is Not Acceptable)  
**ORLANDO FL 32819** **7061 GRAND NATIONAL DR SUITE 105D**  
 City **ORLANDO** FL Zip Code **32819**

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 DATE **7.20.2001**  
 Signature, typed or printed name of registered agent, etc. if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>DPT JAVAR, NABIL 8064 CANYON LAKE CIR. ORLANDO FL 32835</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS DEWAN, ALBERTEEN 8064 CANYON LAKE CIR. ORLANDO FL 32835</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

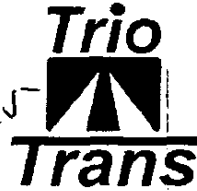
**SIGNATURE:** **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **Jul 20. 01. 407** Daytime Phone **21310**

0014332 AY

CR2E034 (5/01)

Attachment

Doc. # 098000021075  
B00061350



7/20/2001

Division of Corporations  
Uniform-Business Report Filings  
POBox 1500  
Tallahassee, FL 32302-1500

Dear Sir,

Please be informed that our Address has changed  
from :

7061 Grand National Dr., Suite 105J, Orlando, FL 32819

To :

7061 Grand National Dr., Suite 105D, Orlando, FL 32819

since April 1, 1998 and we just received the 2001 Uniform Business Report as it was mailed to the old Address. We just called your office and your agent told us to write a letter explaining the change of address.

Kindly correct our address in your books if you haven't done that already. Enclosed a check for the standard fee of \$ 150.00.

Thank you.

Nabil Javar  
General Manager

7061 Grand National Dr., Suite 105D, Orlando, FL 32819  
Toll: 1-888-250-1900, Tel: 407-248-1900, Fax: 407-248-1997, E-Mail: triotrans@aol.com