

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067469

1. Entity Name

TRINTEC CONSTRUCTION INC.

Principal Place of Business

4721 S.W. 132ND AVENUE
MIAMI FL 33175

Mailing Address

4721 S.W. 132ND AVENUE
MIAMI FL 33166-2716

2. Principal Place of Business

7865 NW 66TH ST

3. Mailing Address

7865 NW 66TH ST

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

MIAMI FLORIDA

City & State

MIAMI FL

Zip

33166

Country

DADE

Zip

33166

Country

DADE

6. Name and Address of Current Registered Agent

ROMERO, JUAN F
4721 S.W. 132ND AVENUE
MIAMI FL 33175

7. Name and Address of New Registered Agent

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

TITLE D
NAME SCHVARTZ, PETULIA N
STREET ADDRESS 4721 S.W. 132ND AVENUE
CITY-ST-ZIP MIAMI FL 33175

☐ Delete

TITLE D
NAME ROMERO, JUAN F
STREET ADDRESS 4721 S.W. 132ND AVENUE
CITY-ST-ZIP MIAMI FL 33175

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. SCHVARTZ

011200

Date

305 468 0240

Daytime Phone #

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90032 013 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0861621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

CR20004 10/00