

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91645 049 ***150.00

DOCUMENT # P99000032696
 1. Entity Name
TRION VENTURES, INC.

Principal Place of Business Mailing Address
5310 N.W. 33RD AVENUE, SUITE 219 **5310 N.W. 33RD AVENUE, SUITE 219**
FT. LAUDERDALE FL 33309 **FT. LAUDERDALE FL 33309**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4901 N. FED. HWY. **4901 N. FED. HWY.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
100 **100**

City & State City & State
FT. LAUDERDALE, FL **FT. LAUDERDALE, FL**

Zip Country Zip Country
33308 **33308** **33308** **33308**

4. FEI Number Applied For
65-0915276 Not Applicable

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

6. Name and Address of Current Registered Agent

BARBER, KENNETH T
~~**5310 N.W. 33RD AVENUE, SUITE 219**~~
~~**FT. LAUDERDALE FL 33309**~~

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
4901 N. FED. HWY #100
 City State Zip Code
FORT LAUDERDALE FL 33308

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 _____
Signature, typed or printed name of registered agent and title 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.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 | <input type="checkbox"/> Delete |
| NAME | D BARBER, KENNETH T |
| STREET ADDRESS | 5310 N.W. 33RD AVENUE, SUITE 219 |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33309 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D BARBER, KENNETH T |
| STREET ADDRESS | 4901 N. FED. HWY #100 |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33308 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Date: **4/30/2002** Daytime Phone #: **954-491-3848**

CR2E034 (9/01)