

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/3

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90052 035 \*\*\*150.00

**DOCUMENT # P99000044372**

1. Entity Name

**TRINAMERICAN INSURANCE AGENCY, INC.**

Principal Place of Business

Mailing Address

**2641 NORTH ANDREWS AVENUE  
 WILTON MANORS FL 33311**

**2641 NORTH ANDREWS AVENUE  
 WILTON MANORS FL 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**APPLIED FOR**

**65-1104446**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

## 6. Name and Address of Current Registered Agent

**JHAGRU, ROSHAN  
 2641 NORTH ANDREWS AVENUE  
 WILTON MANORS FL 33311**

Name

Street

City

8. The above named entity submits this statement for the purpose of changing its registered office

SIGNATURE

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

(NOTE: Registered Agent sign)

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  
 After MAY 1, 2001 Fee will be \$  
 Make Check Payable to Department**

*IRS - Said FEI number  
 will be faxed to me within  
 5 business days. Already  
 applied for this number a  
 long time ago. Refaxed  
 request to IRS. Estimated  
 return date is May 5th.  
 Will send letter with  
 # when I receive it.*

**\$5.00 May Be  
 Added to Fees**

STORS IN 11

ange ☐ Addition

## 11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **JHAGRU, ROSHAN**  
 STREET ADDRESS **2641 NORTH ANDREWS AVENUE**  
 CITY-ST-ZIP **WILTON MANORS FL 33311**

TITLE ☐ Delete  
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## 12.

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☐ Change ☐ Addition

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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

Date

Daytime Phone #

CR2E034 (10/00)



## Internal Revenue Service

Accounts Management Division I  
 Branch II - Teletin Unit  
 Stop 751  
 PO Box 47421  
 Chamblee, GA 30362  
 Phone 678-530-7234/7235  
 FAX 678-530-6156

Date: May 18, 2001

Employee Identification: 0716927570

TO:	ROSHAN JHAGRU	FAX:	954-566-6563
FROM:	Accounts Management Division I Teletin Unit	Pages:	1
Company Name	TRIN AMERICAN INSURANCE AGENCY INC	Employer ID #	65-1104446
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	

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