

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
 05-17-2001 91318 047 ***158.75

0166718

DOCUMENT # P99000047884

1. Entity Name
TRIAL EXHIBITION DESIGN, INC.

Principal Place of Business
5555 BISCAYNE BLVD.
MIAMI FL 33137

Mailing Address
5555 BISCAYNE BLVD.
MIAMI FL 33137

C0066854



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0922361**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

PARRA, GABRIEL
5555 BISCAYNE BLVD.
MIAMI FL 33137

Name **JAIME RIVEROS**

Street Address (P.O. Box Number is Not Acceptable)

16460 SOUTH POST RD AP 203

City **WESTON**

FL

Zip Code **33331**

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]

PRESIDENT

04/30/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **RIVEROS, JAIME H**
 STREET ADDRESS **5555 BISCAYNE BLVD.**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE **PD** ☒ Change ☐ Addition
 NAME **RIVEROS, JAIME H**
 STREET ADDRESS **5555 BISCAYNE BLVD**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE **VD** ☐ Delete
 NAME **ROZO, CLAUDIA M**
 STREET ADDRESS **5555 BISCAYNE BLVD.**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

[Signature]

JAIME RIVEROS

04/30/01

305-757-5397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)