

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**FILED**

**May 03, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90160 012 \*\*\*150.00

**DOCUMENT # P99000100834**

1. Entity Name

**TRINPET PETROLEUM, INC.**

Principal Place of Business

11150 CLEVELAND AVENUE, SOUTH  
FORT MYERS FL 33907

Mailing Address

11150 CLEVELAND AVENUE, SOUTH  
FORT MYERS FL 33907-2320

**300711**

2. Principal Place of Business

11150 South Cleveland Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

fort myers

City & State

4. FEI Number

59-3609378

Applied for

Not Applied for

Zip

33907

Country

LEE

Zip

33907

Country

LEE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMTAHAL, RANDOLPH  
11150 CLEVELAND AVENUE, SOUTH  
FORT MYERS FL 33907

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 Added to Fee

11. OFFICERS AND DIRECTORS

TITLE: President  
NAME: RANDOLPH RAMTAHAL  
STREET ADDRESS: 114 Blue Ridge Dr  
CITY-ST-ZIP: APOES 34112 ☐ Delete

TITLE:   
NAME: Randolph RAMTAHAL  
STREET ADDRESS: Secretary & Treasurer  
CITY-ST-ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE:   
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TITLE:   
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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, 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 #

1/30/00