

2002

PLEASE NOTICE ADDRESS C

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93596 008 ***150.00

DOCUMENT # P99000107331

1. Entity Name

WILFREDO TRINIDAD, CPA, P.A. ✓

U I O U T O

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1365 OAKFIELD DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1365 OAKFIELD DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BRANDON, FL

City & State

BRANDON, FL

4. FEI Number

59-3613921

Applied For

Not Applicable

Zip

33511

Country

Hillsborough

Zip

33511

Country

Hillsborough

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

7. Name and Address of Current Registered Agent

Name

WILFREDO TRINIDAD

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

1365 OAKFIELD DRIVE

City

BRANDON

FL

Zip Code

33511

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

5-8-2002

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

X

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 DPC
NAME TRINIDAD, WILFREDO
STREET ADDRESS 1365 OAKFIELD DRIVE
CITY-ST-ZIP BRANDON, FL 33511

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

WILFREDO TRINIDAD - WILFREDO TRINIDAD 5/8/2002 (813) 626-4796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)