

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S00913

1. Entity Name

TRIDENT FORWARDING SERVICE, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90293 037 ***150.00

Principal Place of Business 7350 NW 12 ST., STE. 104 MIAMI FL 33126-8911	Mailing Address 7855 N.W. 12TH STREET SUITE 216 MIAMI FL 33122-1616
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2. Principal Place of Business 7959 N.W. 21ST STREET Suite, Apt. #, etc. N/A City & State MIAMI, FLORIDA Zip 33122 Country U.S.A.	3. Mailing Address 7959 N.W. 21ST STREET Suite, Apt. #, etc. N/A City & State MIAMI, FLORIDA Zip 33122 Country U.S.A.
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0217279	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WESTHORN, JOHN 7855 N.S. 12TH STREET SUITE 216 MIAMI FL 33126	7. Name and Address of New Registered Agent Name ALMAGUER, LAURA Street Address (P.O. Box Number is Not Acceptable) 7959 N.W. 21ST STREET City MIAMI, FL Zip Code 33122
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WESTHORN, JOHN 7855 N.W. 12 ST. MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARKS, ELIZABETH 7855 N.W. 12 ST., MIAMI, FL MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALMAGUER, LAURA 7959 N.W. 21ST STREET MIAMI, FLORIDA 33122 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Laura Almaguer* **1/11/00** **477-7214**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #