## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # S85255 1. Entity Name TRION VENTURES III, INC. Principal Place of Business Mailing Address

## May 27, 2002 8:00 am Secretary of State FILED

05-27-2002 90347 002 \*\*\*150.00

5310 NW 33 AVENUE 5310 NW 33 AVENUE **SUITE 219 SUITE 219** FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address 4001 N. FED. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 100 100 4. FEI Number Applied For LAUDERDALE 65-0298335 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Barber, Kenneth **5310 NW 33 AVENUE** SUITE 210 -FT: LAUDERDALE FL 33309 <sup>Z</sup>33308 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P.S.D TITLE ☐ Delete TITLE Change BARBER, KENNETH BARBER, KENNETH T NAME NAME 4901 N. FED. HWY \$ 100 FT. LAUDERDALE, FL 33308 5310 NW 33 AVENUE, STE. 210 CR2E034 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT: LAUDERDALE FL 33300 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME PHYLLIS M BAKER NAME 4901 N. FED. HWY \$100 FT. LAUDE ADALE, FLJ STREET ADDRESS STREET ADDRESS 5310 NW 33RD AVE #210 CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-ST-ZIP □ Delete Change ☐ Addition NAME NAME → - TO € STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing do indicated on this report or supplemental eport is true and ac s of qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information Ate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director the this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or tr

changed, or on an attachment wit

SIGNATURE: