

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90066 006 ***150.00

DOCUMENT # V24011

1. Entity Name
TRIVET MARKETING INC.

Principal Place of Business

**2240 CYPRESS BEND N.
APT. #702
POMPANO BEACH FL 33069
US**

Mailing Address

**2240 CYPRESS BEND N.
APT. #702
POMPANO BEACH FL 33069
US**

950495



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

1650 N.W. 80th AVE APT 407

City & State
MARGATE FL

Zip
33063

Country
U.S.

3. Mailing Address

Suite, Apt. #, etc.

1650 N.W. 80th AVE APT. 407

City & State
MARGATE FL

Zip
33063

Country
U.S.

4. FEI Number **65-0303932**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAMELIN, ROBERT
2240 CYPRESS BEND N.
APT. #702
POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent

Name **HAMELIN, ROBERT**

Street Address (P.O. Box Number is Not Acceptable)
1650 N.W. 80th AVE APT. 407

MARGATE

City **FL** Zip Code **33063**

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 *R. Hamelin*
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

01/23/01
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

TITLE **P**
NAME **HAMELIN, ROBERT**
STREET ADDRESS **2240 CYPRESS BEND N. #702**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R. Hamelin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/01 *-954-977-7911*
Date Daytime Phone #

CR2E034 (10/00)