

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 MAY 23 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0003628  
AV

DOCUMENT # **AO1000000828**

1. Entity Name  
**TRIGEANT TERMINALS, LTD.**

Principal Place of Business <b>3020 NORTH MILITARY TRAIL SUITE 100 BOCA RATON FL 33431</b>	Mailing Address <b>3020 NORTH MILITARY TRAIL SUITE 100 BOCA RATON FL 33431</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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**DUE BY MAY 1, 2002**

City & State	City & State	4. FEI Number <b>65-1114305</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**RAFFERTY, WILLIAM L ESQ  
1101 BRICKELL AVE.  
SUITE 1400  
MIAMI FL 33131**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>1000.00</b> <del>50.00</del>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$1000.00</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	TRIGEANT TERMINALS, LLC	STREET ADDRESS	
NAME	3020 NORTH MILITARY TRAIL	CITY-ST-ZIP	
STREET ADDRESS	BOCA RATON FL 33431	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	<b>300005677203--8</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>-06/04/02--01041--004</b>
DOCUMENT #		STREET ADDRESS	<b>****150.00--****150.00</b>
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

*per orig. att  
filed  
4/29/02  
Happi  
Hett*

CR2E003 (9/01)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: \_\_\_\_\_ DATE: **4/29/02** DAYTIME PHONE #: **561-999-9916**

**STATE FEE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER