

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

0049072

DOCUMENT # 729378

1. Entity Name

THE TRELISES ASSOCIATION, INC.

03-08-2001 90057 034 ****61.25

Principal Place of Business

Mailing Address

9703 N. NEW RIVER CANAL ROAD
 #102
 PLANTATION FL 33324
 US

9703 N. NEW RIVER CANAL ROAD
 #102
 PLANTATION FL 33324
 US

726218



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1655424

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLIAKOFF, GARY A.
 BECKER & POLIAKOFF, P.A.
 3111 STIRLING ROAD
 FT. LAUDERDALE FL 33312**

Name

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

City

FL

Zip Code

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DP Delete
 NAME: SONNENBERG, ROBERT
 STREET ADDRESS: 9703 N. NEW RIVER CANAL ROAD, #102
 CITY-ST-ZIP: PLANTATION FL 33324

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: DV Delete
 NAME: MAY, DENISE
 STREET ADDRESS: 9727 N. NEW RIVER CANAL ROAD, #632
 CITY-ST-ZIP: PLANTATION FL 33324

TITLE: DV Change Addition
 NAME: **BILL COATS**
 STREET ADDRESS: **952 MOCKINGBIRD LANE #602**
 CITY-ST-ZIP: **PLANTATION, FL 33324**

TITLE: DS Delete
 NAME: FREEDMAN, HELEN
 STREET ADDRESS: 958 MOCKINGBIRD LN #515
 CITY-ST-ZIP: FORT LAUDERDALE FL 33324

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: DT Delete
 NAME: HELFMAN, ALLEN
 STREET ADDRESS: 9727 N. NEW RIVER CANAL RD 633
 CITY-ST-ZIP: FORT LAUDERDALE FL 33-324.

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **R. Sonnenberg** **ROBERT SONNENBERG** 3-5-01 423-0749
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)