

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

0031168

03-28-2002 90013 002 ****61.25

DOCUMENT # 729378

1. Entity Name

THE TRELISES ASSOCIATION, INC.

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

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



DO NOT WRITE IN THIS SPACE

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
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** Delete
 NAME **COATS, BILL**
 STREET ADDRESS **952 MOCKINGBIRD LANE #60**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE Change Addition
 NAME **COATS, BILL**
 STREET ADDRESS **952 MOCKINGBIRD LN #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
 STREET ADDRESS
 CITY-ST-ZIP

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
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 PRES. 3-18-02 423-0744**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)