

2002 UNIFORM BUSINESS REPORT (UBR)

0009021 AT

DOCUMENT # A00000001368

1. Entity Name
TRENDS B.G.P., LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 APR -4 PM 12: 36
W4/8

Principal Place of Business
9800 N.W. 78TH AVENUE
HIALEAH GARDENS FL 33016

Mailing Address
9800 N.W. 78TH AVENUE
HIALEAH GARDENS FL 33016



2. Principal Place of Business
11000 NW. 92 TERR

3. Mailing Address
11000 NW. 92 TERR.

Suite, Apt. #, etc.

City & State
MIAMI, FL.

Zip 33178 **Country** USA

DUE BY MAY 1, 2002

4. FEI Number 65-1053202

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

6. Name and Address of Current Registered Agent

SILVER, GARVETT & HENKEL, P.A.
1110 BRICKELL AVE., PH-1
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 _____ **DATE** _____

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

9. Capital Contributions as Shown on record. \$7,500.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P00000084120	STREET ADDRESS	
NAME	GRAN TRENDS, INC.	CITY-ST-ZIP	
STREET ADDRESS	9800 N.W. 78TH AVENUE		
CITY-ST-ZIP	HIALEAH GARDENS FL 33016		
DOCUMENT #		STREET ADDRESS	600005258436--8
NAME		CITY-ST-ZIP	-04/12/02--01092--006
STREET ADDRESS			****141.25 ****141.25
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: _____ **04/10/02 305-777-6224**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CP2E003 (9/01)