

2001 UNIFORM BUSINESS REPORT (UBR)

0004894 AF

DOCUMENT # A99000000479

1. Entity Name

TRG-PC, LTD.

FILED

01 APR 30 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145
Mailing Address: 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0917483** Applied For Not Applicable

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

PEREZ, JORGE M
2828 CORAL WAY, PENTHOUSE SUITE
MIAMI FL 33145

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. (NOT) Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$990.00** 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 # **P99000027302**
NAME **TRG-PC, INC.**
STREET ADDRESS **2828 CORAL WAY, PENTHOUSE SUITE**
CITY-ST-ZIP **MIAMI FL 33145**

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS **400004219774--5**
CITY-ST-ZIP **05/16/01 01050-025**
*****150.00 ***150.00**

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/16/01** Daytime Phone # **(305) 460-9900**

CR2E003 (11/00)