

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000001433**

1. Entity Name

TRENT CONDOMINIUM F ASSOCIATION, INC.APPROVED
AND
FILED

00 MAR 31 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
B0020169

DO NOT WRITE IN THIS SPACE

Principal Place of Business

4373 ROCK ISLAND DR
LAUDERHILL FL 33319
US

Mailing Address

4373 ROCK ISLAND DR
LAUDERHILL FL 33319-4520
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0479868

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

~~KARP, SHIRLEY
4373 ROCK ISLAND RD
LAUDERHILL FL 33319~~

7. Name and Address of New Registered Agent

Name **PAULINE FALKOF**

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

**90 MUL CAMPBELL
4373 ROCK ISLAND RD.**City **LAUDERHILL**

FL

Zip Code **33319**

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

TITLE ☐ Delete
NAME **PD GILMAN, ETTIE**
STREET ADDRESS ~~7800 TRENT DRIVE~~ **7795 TRENT DR.**
CITY-ST-ZIP **TAMARAC FL 33321**TITLE ☐ Delete
NAME **VD WEBER, FRANK**
STREET ADDRESS **7819 TRENT DR**
CITY-ST-ZIP **TAMARAC FL 33321**TITLE ☐ Delete
NAME **DT ZELKOWITZ, LEONARD**
STREET ADDRESS **7799 TRENT DR**
CITY-ST-ZIP **TAMARAC FL 33321**TITLE ☒ Delete
NAME **DV ULADEM, LOU**
STREET ADDRESS **7781 TRENT DR**
CITY-ST-ZIP **TAMARAC FL 33321**TITLE ☒ Delete
NAME **DS KARP, SHIRLEY**
STREET ADDRESS **7743 TRENT DR**
CITY-ST-ZIP **TAMARAC FL 33321**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **- 7795 TRENT DRIVE**
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☒ Addition
NAME **DS FALKOF, PAULINE**
STREET ADDRESS **7737 TRENT DR.**
CITY-ST-ZIP **TAMARAC, FL 33321**

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 817, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/99)

LEONARD J ZELKOWITZ 2/1/00 724-8028