

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90009 033 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # N94000003145**

1. Entity Name  
**TRENT CONDOMINIUM E ASSOCIATION, INC.**

Principal Place of Business <b>4373 ROCK ISLAND RD                  202                  LAUDERHILL FL 33319                  US</b>	Mailing Address <del><b>3500 GATEWAY DRIVE                  202                  POMPANO BEACH FL 33069-4870                  US</b></del>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>4373 Rock Island Rd.</b> Suite, Apt. #, etc.
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City & State <b>LAUDERHILL, FL.</b>	4. FEI Number <b>65-0532037</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33319</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**GOLDMAN, JOAN  
 C/O MWI/CAMPBELL  
 4373 ROCK ISLAND RD  
 LAUDERHILL FL 33319**

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: *[Signature]* **GERALD VAN DAGNA, Pres.** DATE: **1/29/00**  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

**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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>XD ROSEN, OSCAR 7650 TRENT DR TAMARAC FL</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>XD RUBENSTEIN, HERB 7622 TRENT DR TAMARAC FL 33321</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GOLDMAN, JOAN 7638 TRENT DR TAMARAC FL 33321</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP VAN DAGNA, GERALD 7652 TRENT DR TAMARAC FL</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD GEBER, MAXINE 7672 TRENT DR TAMARAC FL</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* **GERALD VAN DAGNA, Pres.** DATE: **1/29/00**  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)      Daytime Phone #

CR2E037 (9/99)