

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004194

1. Entity Name

TRENT CONDOMINIUM G ASSOCIATION, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90026 004 ****61.25

Principal Place of Business

4373 ROCK ISLAND RD
LAUDERHILL FL 33319
US

Mailing Address

4373 ROCK ISLAND RD
LAUDERHILL FL 33319-4520
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0525924

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARKS, MORRIS
4373 ROCK ISLAND ROAD
LAUDERHILL FL 33319

Name **MORRIS MARKS, SECRETARY**
Street Address (P.O. Box Number is Not Acceptable)
410 CAMPBELL/MIWI MGMT
4373 ROCK ISLAND ROAD
City **LAUDERHILL** FL **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 *Jessica R. Schneider* Treasurer *2/02/03/2000*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
JESSICA R. SCHNEIDER, TREASURER

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 ☐ Delete
NAME **VD**
STREET ADDRESS **MORSE, VICTOR A**
CITY-ST-ZIP **7778 TRENT DR**
TAMARAC FL 33321

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **ISAACS, JEROME**
CITY-ST-ZIP **7724 TRENT DR**
TAMARAC FL

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS **TAMARAC, FL 33321**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **TOPPER, NORMAN**
CITY-ST-ZIP **7774 TRENT DR**
TAMARAC FL 33321

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7720 TRENT DRIVE**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **SCHNEIDER, JESSICA R**
CITY-ST-ZIP **7804 TRENT DR**
TAMARAC FL

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS **TAMARAC, FL 33321**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **MARKS, MORRIS**
CITY-ST-ZIP **7774 TRENT DR**
TAMARAC FL

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS **TAMARAC, FL 33321**
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 *Jessica R. Schneider* Treasurer *954/724-8483*
Signature, typed or printed name of signing officer or director. Daytime Phone #
JESSICA R. SCHNEIDER, TREAS *02/03/2000*

CR2E037 (9/99)