

# 2001 UNIFORM BUSINESS REPORT (UBR)

17

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90135 026 \*\*\*150.00

**DOCUMENT # P96000081256**  
 1. Entity Name  
**TREWORKS, INC.**

Principal Place of Business 14700 SW 248 ST PRINCETON FL 33032 US	Mailing Address 14700 SW 248 ST HOMESTEAD FL 33032 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number **65-0721551** Applied For  Not Applicable

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

01200



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MAAS, JOHN P ESQUIRE**  
**44 NE 16 STREET**  
**HOMESTEAD FL 33030**

7. Name and Address of New Registered Agent  
 Name: **Michael C. Cafaro**  
 Street Address (P.O. Box Number is Not Acceptable): **311 NE 8th Street**  
**Suite # 102**  
 City: **Homestead** FL Zip Code: **33030**

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: Michael C. Cafaro  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FALCONE, NICHOLAS</b> <b>14700 SW 248 ST</b> <b>PRINCETON FL 33032</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FALCONE, ROSE M</b> <b>14700 SW 248 ST</b> <b>PRINCETON FL 33032</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rose Marie Falcone **ROSE MARIE FALCONE** **1/14/01** **305/257-3296**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)