

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Jul 12, 2000 8:00 am  
Secretary of State

07-12-2000 90004 027 \*\*\*550.00

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DO NOT WRITE IN THIS SPACE

**DOCUMENT #** 506378

**1. Entity Name**  
Tremron Miami Inc

**Principal Place of Business**  
11321 NW 138 St  
Miami FL 33178

**Mailing Address**  
11321 NW 138 St  
Miami FL 33178

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**  
Miami FL

**4. FEI Number**  
65-0238002

**Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**  
Schneider, LAZ L.  
100 NE 3 Ave Ste 700  
Ft. Lauderdale, FL 33301

**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, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reissuing) **DATE** \_\_\_\_\_

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> VP	<b>NAME</b> Caron Eric	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 800 Boul Pierre Tremblay	<b>CITY-ST-ZIP</b> Iberville, LA	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> Sec/Treas.	<b>NAME</b> Pacitti, Ed	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 11321 NW 138 St	<b>CITY-ST-ZIP</b> Miami FL 33178	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> President	<b>NAME</b> Caron, Michel	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 800 Boul Pierre Tremblay	<b>CITY-ST-ZIP</b> Iberville, LA	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** \_\_\_\_\_ **June 26/00 (305) 825-9000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

10/00/10/00/00