

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 433839

1. Entity Name

TREND DEVELOPERS, INC.

Principal Place of Business

243 32ND ST N SUITE 117  
ST PETERSBURG FL 33713

Mailing Address

243 32ND ST N SUITE 117  
ST PETERSBURG FL 33713

2. Principal Place of Business

4632 CENTRAL AV

3. Mailing Address

4632 CENTRAL AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FLA.

City & State

ST. PETERSBURG FLA.

Zip

33711

Country

PINELANDS

Zip

33711

Country

PINELANDS

4. FEI Number

59-1531131

Applied For

Not Applicable

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

GALLERIE, MARIAGNES  
2040 LAKEWOOD CLUB DR S  
APT K  
ST PETERSBURG FL 33712

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GALLEIE, MARIAGNES 1040 LAKEWOOD CLUB DR, S ST PETERSBURG, FLA 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIANIC, KRIS 1200 PINELLAS PT SOUTH ST PETERSBURG, FLA 00000	<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
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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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/01/01 727-327-0606  
Date Daytime Phone #

FILED  
Apr 05, 2001 8:00 am  
Secretary of State  
04-05-2001 90100 019 \*\*\*150.00

00042682



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)