

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90010 032 \*\*\*150.00

**DOCUMENT # 571314**

1. Entity Name

**MICHAEL J. TRENT, P.A. ATTORNEY AT LAW**

Principal Place of Business

**1500 E ATLANTIC BLVD  
STE B  
POMPANO BEACH FL 33060  
US**

Mailing Address

**1500 E ATLANTIC BLVD  
STE B  
POMPANO BEACH FL 33060  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0404238**

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

**TRENT, MICHAEL J ESQ  
1500 E. ATLANTIC BLVD., SUITE B  
POMPANO BEACH FL 33060**

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 **P** ☐ Delete  
NAME **TRENT, MICHAEL J**  
STREET ADDRESS **1500 E ATLANTIC BLVD STE B**  
CITY-ST-ZIP **POMPANO BEACH FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

**4-10-01**

Date

**954-942-6500**

Daytime Phone #

CR2E034 (10/00)

LAW OFFICES

**MICHAEL J. TRENT**

A PROFESSIONAL ASSOCIATION

SUITE B

1500 EAST ATLANTIC BOULEVARD

POMPANO BEACH, FLORIDA 33060

*Attachment #571314  
741719*

MICHAEL J. TRENT

TELEPHONE (954) 942-6500

FAX (954) 942-8730

April 10, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: 2001 Uniform Business Report  
for Michael J. Trent, P.A., Attorney at Law

Dear Sir:

Enclosed herewith please find the signed 2001 Uniform Business Report and my check in the amount of \$150.00 representing payment of the filing fee.

Thank you for your attention to this matter.

Very truly yours,



MICHAEL J. TRENT, P.A.

MJT/lmt

Encs.