

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31867**

1. Entity Name
TRENDS 9800, LTD.

4/20 **FILED**

00 APR 12 PM 3: 28

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**9800 NW 78TH AVENUE
HIALEAH GARDENS FL 33016**

Mailing Address
**9800 NW 78TH AVENUE
HIALEAH GARDENS FL 33016-2402**

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

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

City & State
Zip Country

City & State
Zip Country

4. FEI Number **65-0343759** 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

**SILVER, SCOTT A
3350 S.W. 27TH AVE.
COCONUT GROVE FL 33133**

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

9. Capital Contributions as Shown on record. **\$418,601.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **S72817**
NAME **TRENDS G.P., INC.**
STREET ADDRESS **9800 NW 78TH AVE. 3**
CITY - ST - ZIP **HIALEAH GARDENS FL 33016**

STREET ADDRESS
CITY - ST - ZIP **ZIP = 33016**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED / Tomas Cabrero** *4/3/00* (305) 826-9098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # **x224**

CR2E003 (9/99)