

2002 UNIFORM BUSINESS REPORT (UBR)

000003 1 A1

DOCUMENT # **A31867**

1. Entity Name

TRENDS 9800, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

WxG

02 APR -4 PM 12:32

Principal Place of Business

Mailing Address

~~9800 NW 78TH AVENUE~~
~~HALEAH GARDENS FL 33016~~

~~9800 NW 78TH AVENUE~~
~~HALEAH GARDENS FL 33016~~



2. Principal Place of Business

3. Mailing Address

11000 NW 92 Terr

11000 NW 92 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

MIAMI, FL

City & State

MIAMI FL.

4. FEI Number

65-0343759

Applied For

Not Applicable

Zip

33178

Country

USA

Zip

33178

Country

USA

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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.**
CITY-ST-ZIP **HALEAH GARDENS FL 33016**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/01/02 *305-777-6224*

Date Daytime Phone #

CR2E003 (9/01)