

2002 UNIFORM BUSINESS REPORT (UBR)

0018306 AB

DOCUMENT # **A96000001050**

1. Entity Name

TRUST INVESTORS, LTD.

FILED

02 FEB -8 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**C/O FLORMARWIN, INC.
1500 FLORIAN DRIVE
DANIA FL 33004**

Mailing Address

**C/O FLORMARWIN, INC.
1500 FLORIAN DRIVE
DANIA FL 33004**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0682427

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COHN, ALAN B
C/O ABRAMS, ANTON, ET AL
2021 TYLER STREET
HOLLYWOOD FL 33022**

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.

\$1,500,000.00

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 # **P95000049044**
NAME **FLORMARWIN, INC.**
STREET ADDRESS **1500 FLORIAN DRIVE**
CITY-ST-ZIP **DANIA FL 33004**

STREET ADDRESS

CITY-ST-ZIP

600004915616--3

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STREET ADDRESS

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:

Brooklyne J. Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/31/02 860 621-7323

CR2E003 (9/01)