

2001 UNIFORM BUSINESS REPORT (UBR)

0017432 AF

DOCUMENT # A97000001677

1. Entity Name

TRIM SOLUTIONS, LTD.

Principal Place of Business

5105 NW 36TH AVE.
MIAMI FL 33142

Mailing Address

246 WEST 38TH STREET
7TH FLOOR
NEW YORK NY 10018

01

FILED

JAN 31 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3961669

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ZALTER, JOSEPH
20281 EAST COUNTRY CLUB DRIVE (SUITE 1514)
TALLAHASSEE FL 32301

Name ZALTER, JOSEPH

Street Address (P.O. Box Number is Not Acceptable)
20281 EAST COUNTRY CLUB

SUITE 1514

City AVENTURA

FL

Zip Code 33180

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. Capital Contributions
as Shown on record.

\$50,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

50,000.00

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 # P97000066150
NAME L & Z ASSOCIATES OF SOUTH FLORIDA, INC.
STREET ADDRESS 246 W. 38TH STREET
CITY-ST-ZIP NEW YORK NY 10018-5895

STREET ADDRESS

CITY-ST-ZIP

588883655455-3

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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:

ROBERT T. H. DZ...

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/10/01

Date

212-768-7090

Daytime Phone #

CR2E003 (11/00)