

# 2000 UNIFORM BUSINESS REPORT (UBR)

000443 1A

DOCUMENT # **A97000002772**

1. Entity Name  
**TRUST RESOURCES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 19 AM 11:43

Principal Place of Business  
**204 ARAGON AVENUE  
CORAL GABLES FL 33134-5009**

Mailing Address  
**204 ARAGON AVENUE  
CORAL GABLES FL 33134-5009**



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 **65-0863253** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**STERN, ROBERT H  
204 ARAGON AVENUE  
CORAL GABLES FL 33134-5009**

7. Name and Address of New Registered Agent  
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. **\$4,950.00**

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 #	P98000108066	STREET ADDRESS	<b>200003245752-3</b>	
NAME	SENTRY RESOURCE MANAGEMENT, INC.	CITY - ST - ZIP	<b>-05/10/00--01006--019</b>	
STREET ADDRESS	204 ARAGON AVENUE		<b>****158.75 ****158.75</b>	
CITY - ST - ZIP	CORAL GABLES FL 33134-5009			
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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 H. STERN, PRES**  
**SENTRY RESOURCE MANAGEMENT, INC.**  
**GENERAL PARTNER**

Date **04/16/2000** Daytime Phone # **305-444-4202**

CR2E003 (9/99)