

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # F93000005303**

1. Entity Name  
**2000 ISLAND BOULEVARD, INC.**

Principal Place of Business  
**7900 ISLAND BOULEVARD  
NORTH MIAMI BEACH FL 33160**

Mailing Address  
**7900 ISLAND BOULEVARD  
NORTH MIAMI BEACH FL 33160**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0452965**

Applied For  
 Not Applicable

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

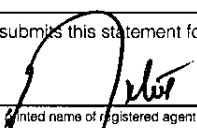
**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MATUS, ALAN  
7900 ISLAND BOULEVARD  
NORTH MIAMI BEACH FL 33160**

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD MATUS, ALAN 7900 ISLAND BOULEVARD NORTH MIAMI BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS LIEB, JAMES 7900 ISLAND BLVD. N. MIAMI BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS TORPEY, CARITE 7900 ISLAND BLVD. N. MIAMI BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000004483820-01 -07/18/01--01012--016 ****558.75 ****558.75</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**  **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED  
AND  
FILED

01 JUL 11 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

*MW*



ACCOUNT NO. : 072100000032  
REFERENCE : 213187 4320503  
AUTHORIZATION :  
COST LIMIT : \$ PPD

ORDER DATE : July 9, 2001  
ORDER TIME : 1:33 PM  
ORDER NO. : 213187-020  
CUSTOMER NO: 4320503

CUSTOMER: Kay Torpey, Legal Assistant  
The Trump Group  
Four Stage Coach Run  
P.o. Box 186  
East Brunswick, NJ 08816

RECEIVED  
01 JUL 11 PM 2:29  
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: 2000 ISLAND BOULEVARD, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carla E. Lohi-EXT#1132

EXAMINER'S INITIALS: \_\_\_\_\_