

# 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **PSD** ☐ Delete  
NAME **MATUS, ALAN**  
STREET ADDRESS **7900 ISLAND BOULEVARD**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE **VAS** ☐ Delete  
NAME **LIEB, JAMES**  
STREET ADDRESS **7900 ISLAND BLVD.**  
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE **AS** ☐ Delete  
NAME **TORPEY, CARITE**  
STREET ADDRESS **7900 ISLAND BLVD.**  
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **000004483820** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **-07/18/01--01012--016**  
CITY-ST-ZIP **\*\*\*\*558.75 \*\*\*\*558.75**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)



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

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: \_\_\_\_\_

RECEIVED  
01 JUL 11 PM 2:29  
DIVISION OF CORPORATION