

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F94000006160**1. Entity Name  
**TREVOR SORBIE OF AMERICA, INC.**Principal Place of Business  
1601 SW 5TH CT  
POMPANO BCH FL 33069  
Mailing Address  
1850 W MCNAB RD  
FT LAUDERDALE FL 333092. Principal Place of Business  
1850 WEST MCNAB RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
FT. LAUDERDALE FL

City &amp; State

4. FEI Number  
**25-1735307**

Applied For

Not Applicable

Zip Country  
33309

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**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD

Name

Street Address (P.O. Box Number is Not Acceptable)

PLANTATION FL 33324 US

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)

**05/01/2001**

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 S ☐ Delete  
NAME SPIEGEL DAVID A  
STREET ADDRESS 1850 W MCNAB RD  
CITY-ST-ZIP FT LAUDERDALE FL 33309TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE TV ☐ Delete  
NAME FEROLA FRANC  
STREET ADDRESS 1850 W MCNAB RD  
CITY-ST-ZIP FT LAUDERDALE FL 33309TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE DV ☐ Delete  
NAME FEROLA PETER  
STREET ADDRESS 1850 W MCNAB RD  
CITY-ST-ZIP FT LAUDERDALE FL 33309TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME FEROLA FRANK F  
STREET ADDRESS 1850 W MCNAB RD  
CITY-ST-ZIP FT LAUDERDALE FL 33309TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE P ☒ Delete  
NAME KOTCH GERALD  
STREET ADDRESS 1850 W MCNAB RD  
CITY-ST-ZIP FT LAUDERDALE FL 33309TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: Peter Ferola**

DV

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)