

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001802

1. Entity Name

TRUMP MANAGEMENT, INC.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90014 040 ***150.00

Principal Place of Business

4000 ISLAND BOULEVARD
 NORTH MIAMI BEACH FL 33160

Mailing Address

4000 ISLAND BOULEVARD
 NORTH MIAMI BEACH FL 33160-5203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0633925

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

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

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 \$150.00
After MAY 1, 2000 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

TITLE	CD	<input type="checkbox"/> Delete
NAME	TRUMP, EDDIE	
STREET ADDRESS	4000 ISLAND BLVD	
CITY-ST-ZIP	NO. MIAMI BEACH FL	
TITLE	DEVP	<input type="checkbox"/> Delete
NAME	LIEB, JAMES M	
STREET ADDRESS	4000 ISLAND BLVD	
CITY-ST-ZIP	NO. MIAMI BEACH FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	TRUMP, JULIUS	
STREET ADDRESS	4000 ISLAND BLVD	
CITY-ST-ZIP	NO. MIAMI BEACH FL	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	TORPEY, CARITE	
STREET ADDRESS	7900 ISLAND BLVD	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carite L. Torpey, AVP

Date

4/25/00

Daytime Phone #

732-390-9400

CR2E034 (9/99)