

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90133 018 ***150.00

DOCUMENT # F96000001802
 Entity Name
TRUMP MANAGEMENT, INC.

Principal Place of Business Mailing Address
4000 ISLAND BOULEVARD **4000 ISLAND BOULEVARD**
NORTH MIAMI BEACH FL 33160 **NORTH MIAMI BEACH FL 33160**



Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-0633925** 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

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

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 \$150.00
After May 1, 2002 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	SVP	<input type="checkbox"/> Delete
NAME	HIRSCH, MARK S	
STREET ADDRESS	405 LEXINGTON AVE	
CITY-ST-ZIP	NEW YORK NY 10174	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	WEISS, KEN	
STREET ADDRESS	4000 ISLAND BLVD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

3. 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: *Carite Torpey* **SIGNATURE REQUIRED** 1/18/02 732-390-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Carite Torpey Assistant Vice President

02/20/02 09:01:33 AM CR2E034 (9/01)