

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005697

1. Entity Name

TG INVESTMENTS, LTD., INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90007 039 ***150.00

Principal Place of Business Mailing Address
 %EDDIE TRUMP %EDDIE TRUMP
 4000 ISLAND BLVD 4000 ISLAND BLVD
 N MIAMI BCH FL 33160 N MIAMI BCH FL 33160-5203

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 65-0735616
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 110 N MAGNOLIA ST
 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 _____ (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	C	<input type="checkbox"/> Delete
NAME	TRUMP, JULIUS	
STREET ADDRESS	4000 ISLAND BLVD	
CITY-ST-ZIP	N MIAMI BCH FL 33160	
TITLE	DC	<input type="checkbox"/> Delete
NAME	TRUMP, EDDIE	
STREET ADDRESS	4000 ISLAND BLVD	
CITY-ST-ZIP	N MIAMI BCH FL 33160	
TITLE	DEVP	<input type="checkbox"/> Delete
NAME	LIEB, JAMES M	
STREET ADDRESS	4 STAGE COACH RUN	
CITY-ST-ZIP	E BRUNSWICK NJ 08816	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	TROPEY, CARTIE	
STREET ADDRESS	C/O TRUMP GROUP, 4000 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ken Weiss	
STREET ADDRESS	4000 Island Blvd	
CITY-ST-ZIP	N. Miami Bch FL 33160	
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howard Berk	
STREET ADDRESS	4000 Island Blvd	
CITY-ST-ZIP	N. Miami Bch FL 33160	

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: *Carlie L. Torpey* **Carlie L. Torpey, AVP** Date: *4/25/00* Daytime Phone #: *732-390-9400*

CR2E034 (9/99)