

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003043

1. Entity Name  
**TREND DISTRIBUTORS INC.**

Principal Place of Business

230 NW 4TH AVE.  
HALLANDALE FL 33009

Mailing Address

230 NW 4TH AVE.  
HALLANDALE FL 33009-4015

2. Principal Place of Business

2800 SW 42 St

3. Mailing Address

2800 SW 42 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0835771

Applied For

Not Applicable

Zip

Country

33312

Zip

Country

33312

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	WURTH, REINHOLD	
STREET ADDRESS	REINHOLD WURTH STR. 12-16, 74653 KUNZELSAU	
CITY-ST-ZIP	GAISBACH, GERMANY	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAEGER, WALTER DR.	
STREET ADDRESS	REINHOLD WURTH STR. 12-16, 74653 KUNZELSAU	
CITY-ST-ZIP	GAISBACH, GERMANY	
TITLE	P	<input type="checkbox"/> Delete
NAME	HINDS, DAVID H	
STREET ADDRESS	230 NW 4TH AVE.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	S	<input type="checkbox"/> Delete
NAME	LANGE, CHRISTOPH	
STREET ADDRESS	230 NW 4TH AVE.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2800 SW 42 St	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2800 SW 42 St	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
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		

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-00

Date

954-321-7220

Daytime Phone #

CR2E034 (9/99)

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90112 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE