

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004703

1. Entity Name
TRUMP HOLDINGS, LTD., INC.

Principal Place of Business

4000 ISLAND BLVD., PH-2
AVENTURA FL 33160

Mailing Address

4000 ISLAND BLVD., PH-2
AVENTURA FL 33160

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 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, JULIEUS	
STREET ADDRESS	4000 ISLAND BLVD., PH-2	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	CD	<input type="checkbox"/> Delete
NAME	TRUMP, EDDIE	
STREET ADDRESS	4000 ISLAND BLVD., PH-2	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	LIEB, JAMES M	
STREET ADDRESS	4000 ISLAND BLVD., PH-2	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	AV	<input type="checkbox"/> Delete
NAME	TORPEY, CARITE	
STREET ADDRESS	4000 ISLAND BLVD PH-2	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	V	<input type="checkbox"/> Delete
NAME	HIRSCH, MARK S	
STREET ADDRESS	405 LEXINGTON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10174	
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	<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90048 024 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3407016

Applied For

Not Applicable

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

CR2E034 (9/01)