

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J61314

1. Entity Name

TRAFALGAR ASSOCIATES, INC.

Principal Place of Business

701 NW 62 AVE
STE 110
MIAMI FL 33126-6001

Mailing Address

701 NW 62 AVE
STE 110
MIAMI FL 33126-6001

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 59-2806843

Applied For

Not Applicable

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

CACICEDO, JR., RAMON R. (ESQ)
701 NW 62 AVE
STE 110
MIAMI FL 33126-6001

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, 2001 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 DP
NAME CACICEDO, RAMON R.
STREET ADDRESS 701 NW 62 AVE, STE 110
CITY-ST-ZIP MIAMI FL 33126-6001 ☐ Delete

TITLE VTS
NAME GONZALEZ, JOSE ANTERO
STREET ADDRESS 701 NW 62 AVE, STE 110
CITY-ST-ZIP MIAMI FL 33126-6001 ☐ Delete

TITLE V
NAME HERNANDEZ, GUS
STREET ADDRESS 701 NW 62 AVE, STE 110
CITY-ST-ZIP MIAMI FL 33126-6001 ☐ Delete

TITLE V
NAME GUTHARD, KEVIN
STREET ADDRESS 701 NW 62 AVE, STE 110
CITY-ST-ZIP MIAMI FL 33126-6001 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 a power like empowered.

SIGNATURE:

Jose A. Gonzalez JOSE A. GONZALEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN - 4 2001

Date

305-265-1771

Daytime Phone #

CR2E034 (10/00)

0146410

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90003 026 ***150.00

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DO NOT WRITE IN THIS SPACE