

FILED
Feb 17, 2003 8:00 am
Secretary of State

01-21-2003 90225 024 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

1/2

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

55008104



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

☐ CHECK HERE IF MAKING CHANGES

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 Name, Suite, etc.)

City

MIAMI

FL

Zip Code

33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FEB 12 2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/03

Daytime Phone #