

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L15757

1. Entity Name

TRAFALGAR ASSOCIATES II, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90022 037 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6505 BLUE LAGOON DRIVE SUITE 250 MIAMI FL 33126-6001	Mailing Address 6505 BLUE LAGOON DRIVE SUITE 250 MIAMI FL 33126-6011
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2. Principal Place of Business New address:	3. Mailing Address
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701 NW 62 Avenue, Suite 110 Miami, Florida 33126	Suite, Apt. #, etc. New address:
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City & State Miami, Florida 33126	City & State Miami, Florida 33126
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4. FEI Number 65-0158569	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CACICEDO, RAMON R. JR. 6505 BLUE LAGOON DRIVE SUITE 240 MIAMI FL 33126-6001

7. Name and Address of New Registered Agent Name New address: (Number is Not Acceptable) 701 NW 62 Avenue, Suite 110 Miami, Florida 33126 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 **Ramon R. Cacicedo Jr.** **MAR - 8 2000**
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CACICEDO, RAMON R. 6505 BLUE LAGOON DRIVE, SUITE 250 MIAMI FL 33126-6001	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVS GONZALEZ, JOSE ANTERO 6505 BLUE LAGOON DRIVE, SUITE 250 MIAMI FL 33126-6001	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, GUS 6505 BLUE LAGOON DRIVE, SUITE 250 MIAMI FL 33126-6001	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	New address: 701 NW 62 Avenue, Suite 110 Miami, Florida 33126	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	New address: 701 NW 62 Avenue, Suite 110 Miami, Florida 33126	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	New address: 701 NW 62 Avenue, Suite 110 Miami, Florida 33126	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **JOSE GONZALEZ** **MAR - 8 2000** **305-265-1771**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/99)