2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 12, 2001 8:00 am Secretary of State DOCUMENT # L15757 1. Entity Name TRAFALGAR ASSOCIATES II, INC. 01-12-2001 90003 024 ***150.00 Principal Place of Business Mailing Address 701 NW 62 AVE SUITE 110 701 NW 62 AVE SUITE 110 MIAMI EL 33126-6001 MIAMI FL 33126-6001 00002276 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0158569 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CACICEDO, RAMON R. JR. Street Address (P.O. Box Number is Not Acceptable) 701 NW 62 AVE SUITE 110 MIAMI FL 33126-6001 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Addition TITLE Change ☐ Delete CACICEDO, RAMON R. NAME NAME 701 NW 62 AVE SUITE 110 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33126-6001 Addition Change ☐ Delete TITLE **GONZALEZ, JOSE ANTERO** NAME NAME STREET ADDRESS 701 NW 62 AVE SUITE 110 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126-6001 ☐ Change Addition ☐ Delete TITLE HERNANDEZ, GUS NAME NAME 701 NW 62 AVE SUITE 110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33126-6001 ☐ Addition ☐ Change ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI É TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.