

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

01-21-2003 90225 043 ***150.00

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**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L56521

1. Entity Name
TRAFALGAR ASSOCIATES OF SHERIDAN, INC.



Principal Place of Business
701 NW 62 AVENUE
MIAMI FL 33126-6001

Mailing Address
701 NW 62 AVENUE
MIAMI FL 33126-6001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0200250

Applied For
Not Applicable

Zip Country

Zip Country

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, RAMON R. JR ESQ
701 NW 62 AVENUE STE 110
MIAMI FL 33126-6001

Name J.A. GONZALEZ
Street Address (P.O. Box 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. 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)

FEB 12 2003

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03

Date

Daytime Phone #

CR2E034 (10/02)