

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90004 007 ***550.00

0034861
 AV

DOCUMENT # M39602

1. Entity Name
TREBOK, INC.

Principal Place of Business
1200 SW 2ND AVE.
MIAMI FL 33130

Mailing Address
~~1200 SW 2ND AVE.~~
MIAMI FL 33130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3681 PROSPECT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FLORIDA

4. FEI Number

59-2734704

Applied For

Not Applicable

Zip

Country

Zip

Country

33133

USA

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

CAVA, FANNY
1200 SW 2ND AVE.
MIAMI FL 33130

Name **FANNY CAVA**

Street Address (P.O. Box Number is Not Acceptable)

3681 PROSPECT DRIVE

City **MIAMI**

FL

Zip Code **33133**

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)

8/11/01
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **CAVA, FANNY**
 CITY-ST-ZIP **1200 SW 2ND AVE.**
MIAMI FL

TITLE ☒ Change ☐ Addition
 NAME **FANNY CAVA**
 STREET ADDRESS **3681 PROSPECT DRIVE**
 CITY-ST-ZIP **MIAMI, FLORIDA 33133**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **CAVA, ANITA**
 CITY-ST-ZIP **1200 SW 2ND AVE.**
MIAMI FL

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **CAVA, RICHARD H.**
 CITY-ST-ZIP **1200 SW 2ND AVE.**
MIAMI FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FANNY CAVA

8/11/01

3056673121

Date

Daytime Phone #

CR2E034 (5/01)