

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

01-19-2001 90033 016 ***150.00
 07-31-2001 90005 030 ***550.00

DOCUMENT # M58942

1. Entity Name

TRIM MASTER INSTALLATIONS, INC.

Principal Place of Business

**5400 SW 109TH AVE
 1618 N. 29TH AVENUE
 FT LAUDERDALE FL 33328
 US**

Mailing Address

**5400 SW 109TH AVE
 1618 N. 29TH AVENUE
 FT LAUDERDALE FL 33328
 US**

2. Principal Place of Business

5400 SW 109th Ave

Suite, Apt. #, etc.

Delete 1618 N 29th Ave

City & State

3. Mailing Address

5400 SW 109th Ave

Suite, Apt. #, etc.

Delete 1618 N 29th Ave

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0005092

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

PISTONE, JOHN C.

5400 SW 109TH AVE

FT LAUDERDALE FL 33328

7. Name and Address of New Registered Agent

Name

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

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

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 \$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

TITLE **PSD** ☐ Delete
 NAME **PISTONE, JOHN C.**
 STREET ADDRESS **5400 SW 109TH AVE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33328**

TITLE **VD** ☐ Delete
 NAME **BRESLAUER, MIKE**
 STREET ADDRESS **1720 SW 120TH TERR**
 CITY-ST-ZIP **DAVIE FL 33325**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 John C. Pistone
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/01

Date

954 4102127

Daytime Phone #

009632 AV

CR2E034 (5/01)