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

## P0000001494 **DOCUMENT #**

1. Entity Name

TRG 500 EAST LAS OLAS, INC.



## **FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90011 019 \*\*\*158.75

|  |  | •  |  |   | 1  | WE INS  |                              |   |                |                            |                |             |
|--|--|--|--|---|--|---|------------------------------|---|----------------|----------------------------|----------------|-------------|
| Principal Place of Business<br>2828 CORAL WAY<br>PENTHOUSE SUITE<br>MIAMI FL 33145 |  |  | 2828 (<br>PENTI  | Mailing Address 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145 |  |   |                              |   |                |                            |                |             |
| 2. Principal P   | Place of Busin                         | ness   | 3. Mail  | 3. Mailing Address  |  |   |                              |   |                |                            |                |             |
| Suite, Apt. #, etc.  |  |  | Suite  | Suite, Apt. #, etc.   |  |   | CHECK HERE IF MAKING CHANGES |   |                |                            |                |             |
| City & State   |  |  | City   | City & State  |  |   | 4. FEI Number 65-1112367     |   |                | Applied For Not Applicable |                |             |
| Zip  | Country                                |  | Zip  | Zip Col   |  | untry   |                              | icate of Status De                        | sired £        |                            | 8.75 Add       |             |
|  | 6. Name                                | and Address of   | s of Current Registered Agent  |   |  | 7. Name and Address of New Registered Agent             |                              |   |                |                            |                |             |
| ROCHA, ROBERTO S<br>2828 CORAL WAY   |  |  |  |   |  | Name Street Address (P.O. Box Number is Not Acceptable) |                              |   |                |                            |                |             |
| PENTHOU<br>MIAMI FL  |  | %  |  |   | City   | - 17.0  |                              |   |                |                            |                |             |
| IMIAMI FL 93143  |  |  |  |   | City   |   | FL Zip Code                  |   |                |                            |                | <i>=</i>    |
| ் 🖟 👝 Afte   | ILE NOW!<br>r May 1, 20                | or printed name of regis  FEE IS \$150  Fee will be \$  Figrida Depart | 550.00   | icable. (NOT  | E: Registered Agent sig                                    | nature required   |                              | ng)<br>• Election Campa<br>Trust Fund Con | aign Financir  | DATE                       |                | O May Be    |
| 10.  | 75.                                    | 5L -   | RS AND DIRECTO   | 98  | <b>I</b> 11.   |   | ADDITIO                      | DNS/CHANGES T                             | O OFFICER      | S AND D                    | IDECTOR(       | S IN 11     |
| TITLE ** NAME STREET ADDRESS CITY - ST - ZIP TITLE                                 | D<br>PEREZ, JO<br>2828 COR<br>MIAMI FL | DRGE M<br>AL WAY   |  | ☐ Delete  | TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE                 | <u> </u>  | ····                         | 011                                       |                |                            | Change  Change | ☐ Addition  |
| NAME<br>Street address<br>City-St-Zip  | ,                                      | ,  | · - <u>-</u>   | <del>an uu oan u</del>  | NAME<br>STREET ADDRES<br>CITY-ST-ZIP                       | S 2 g   | cha, o<br>28 Ce<br>(ani,     | Roberto<br>Prol Va<br>Fl. 33              | 4 , Per<br>145 | Hou                        | او<br>         |             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |  | ☐ Delete  | TITLE<br>NAME<br>STREET ADDRES<br>CITY-ST-ZIP              | 11111   |                              | lez, ANG<br>oral way                      |                |                            | i Guanue       | Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     |  |  |  | ☐ Delete  | TITLE<br>NAME<br>STREET ADDRES<br>CITY-ST-ZIP              | s   |                              |   |                | [                          | ☐ Change       | ☐ Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     |  | ,                                |  | ☐ Delete  | TITLE<br>NAME<br>STREET ADDRES<br>CITY-ST-ZIP              | s   |                              |   |                |                            | _ Change       | Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     |  |  | ,  | ☐ Delete  | TITLE NAME STREET ADDRES CITY-ST-ZIP                       | s   |                              |   |                | Ĺ                          | Change         | Addition    |
| indicated  | l on this repo                         | rt or supplemental   | olied with this filing<br>report is true and a<br>lee empowered to<br>ddress, with all oth | accurate and that r   | r the exemption s<br>my signature shal<br>as required by C | I have the  | same legal                   | effect as if made i                       | under oath: t  | hat I am                   | an officer     | or director |

SIGNATURE:

VICE-PRESIDENT SIGNING OFFICER OR DIRECTOR

Daytime Phone #