

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000004493

1. Entity Name

TRIM ENDLESS OF ADVENTURA, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90457 016 ***150.00

Principal Place of Business

200 FEDERAL HIGHWAY
HALLENDALE FL 33009

Mailing Address

200 FEDERAL HIGHWAY
HALLENDALE FL 33009

C0063135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

3030 Castle Pines Drive

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Duluth, GA

Zip

30097

Country

USA

4. FEI Number

05-1010706

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLLSTEIN, CYNTHIA
200 FEDERAL HIGHWAY
HALLENDALE FL 33009

7. Name and Address of New Registered Agent

Name

Wollstein, Cynthia

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

190 NW 20th Street

City

Boca Raton

FL

Zip Code

33431

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

C. L. Wollstein

Signature, typed or printed name of registered agent and title if applicable.

C. L. Wollstein

(NOTE: Registered Agent's signature required when reinstating)

4/27/01

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 \$150.00

After MAY 1, 2001 Fee will be \$550.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
WOLLSTEIN, EDWARD
17760 FIELDBROOK CIRCLE
BOCA RATON FL 33496 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
WOLLSTEIN, CYNTHIA
17760 FIELDBROOK CIRCLE
BOCA RATON FL 33496 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3030 Castle Pines Drive
Duluth, GA 30097

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3030 Castle Pines Drive
Duluth, GA 30097

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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

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:

C. L. Wollstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

Daytime Phone #

678-473-0243

CR2E034 (10/00)