

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000033886**1. Entity Name  
**THE TRUMPET SOUND DEVELOPMENT FOUNDATION, INC.**Principal Place of Business  
19731 NE 21ST CT.  
  
NORTH MIAMI BEACH FL 33179  
Mailing Address  
19731 NE 21ST CT.  
  
NORTH MIAMI BEACH FL 331792. Principal Place of Business  
2210 SE 4 AVENUE3. Mailing Address  
P.O. BOX 531251Suite, Apt. #, etc.  
#9

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
FORT LAUDERDALE FLCity & State  
MIAMI SHORES FL4. FEI Number  
**65-1008855**Applied For  
Not ApplicableZip Country  
33316 USZip Country  
33153 US5. 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**ALI MARIJADE M  
19731 NE 21ST CT.NORTH MIAMI BEACH FL  
33179 US

Name

ALI MARIJADE M

Street Address (P.O. Box Number is Not Acceptable)  
2210 SE 4 AVENUE

#9

City  
FORT LAUDERDALE

FL

Zip Code  
33316

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 **MARIJADE M. ALI****04/27/2001**

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 \$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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE D  
NAME ALI MARIJADE M ☐ Delete  
STREET ADDRESS 19731 NE 21ST CT.  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE D ☐ Change ☒ Addition  
NAME PHILLIPS SADIKI N  
STREET ADDRESS 2210 SE 4 AVENUE, #9  
CITY-ST-ZIP FORT LAUDERDALE FL 33316TITLE D ☒ Change ☐ Addition  
NAME ALI MARIJADE M  
STREET ADDRESS 2210 SE 4 AVENUE, #9  
CITY-ST-ZIP FORT LAUDERDALE FL 33316TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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: Marijade M. Ali**

D

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)