

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

DOCUMENT # P000Q0044760

1. Entity Name

TRC REALTY, INC.

FILED

02 MAY 28 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
221 N.W. 33rd Avenue

Suite, Apt. #, etc.

3. Mailing Address  
221 N.W. 33rd Avenue

Suite, Apt. #, etc.

City & State  
Miami, Florida

City & State  
Miami, Florida

Zip  
33125

Country  
USA

Zip  
33125

Country  
USA

4. FEI Number  
65-1006006

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
NORMA CAUSAPE

Street Address (P.O. Box Number is Not Acceptable)  
221 N.W. 33rd Avenue

City  
Miami FL Zip Code  
33125

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
P  
NORMA CAUSAPE  
221 N.W. 33rd Avenue  
Miami, FL 33125

TITLE  
NAME  
STREET ADDRESS  
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400005754324--7  
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88.75-ARSTPP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 5/13/02 ✓ 305-216-2175

CR2E034B (12/01)