

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90044 011 ***158.75

DOCUMENT # P01000068211

1. Entity Name
TRUST FINANCIAL GROUP, CORP.

Principal Place of Business
13415 S.W. 111 TERRACE
MIAMI FL 33186

Mailing Address
13415 S.W. 111 TERRACE
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ **Applied For**
☐ **Not Applicable**

Zip

Country

Zip

Country

5. 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

RODRIGUEZ, JAIME V
13415 S.W. 111 TERRACE
MIAMI FL 33186

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 \$150.00
After May 1, 2002 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	PD RODRIGUEZ, JAIME V 13415 S.W. 111 TERRACE MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jaime V. Rodriguez
JAIME V. RODRIGUEZ

1/24/02
1/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)

Attachment
Document # 001000068211

JORGE L. REYES, C.P.A., P.A.

ACCOUNTANCY CORPORATION
6495 S.W. 24 ST.
MIAMI, FLORIDA 33155
(305) 262-9311

3/6040

DATE: 1-24-02

CLIENT: Samie V. Rodriguez

INSTRUCTIONS FOR FILING THE ENCLOSED TAX RETURN

Attached is your copy of the tax return noted below, to be filed with your other important tax records. Also enclosed is the original return to be filed by the date noted below. Be sure to sign the return as required. When sending a remittance with the return, write your Employer I.D. Number on the check and staple it to the return.

Return Enclosed:

Federal Form No.:

State Form No.:

Uniform Business Report

To be signed and
dated by:

☒ An Officer ☐ A General Partner

Sign Page: 1 at "X"

Due Date:

6-1-2002

Amount of Tax Due:

\$158.75

Make Check Payable To: ☒ Department of State

☐ Internal Revenue Service

☐ Florida Department of Revenue

☐ Your authorized commercial bank

depository with a coupon marked

" " for the " " quarter"

Mail Return To: ☒

Mail Return

And Check To: ☒

☐ I.R.S.

Atlanta, GA.

39901-

☒ Division of Corporations

Uniform Business Report
Filings

PO Box 1500

Tallahassee, FL 32302-1500

Envelope is Provided.

Overpayment:

\$
\$

We have indicated that the overpayment:

☐ Will be returned to you automatically

☐ Will be applied against your
estimated tax for 19

Estimated Payments:

Schedule for your estimated tax payment:

Date:

\$

Amount:

REMARKS