## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

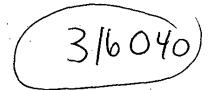
## Feb 14, 2002 8:00 am P01000068211 DOCUMENT # **Secretary of State** TRUST FINANCIAL GROUP, CORP. 02-14-2002 90044 011 \*\*\*158 Principal Place of Business Mailing Address 13415 S.W. 111 TERRACE 13415 S.W. 111 TERRACE MIAMI FL 33186 MIAMI FL:33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, JAIME V Street Address (P.O. Box Number is Not Acceptable) 13415 S.W. 111 TERRACE MIAMI FL 33186 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition TITLE ☐ Delete ☐ Change RODRIGUEZ, JAIME V NAME NAME 13415 S.W. 111 TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-STaZIP. CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify to 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 trustice empowered the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ver or trustee empowered to with an address, with all other changed, or on an attachmen

FILED

Daytime Phone #

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

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



DATE: 1-24-02

CLIENT: Jame V. Kodrigues

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.: Uniform Busines Report	
To be signed and dated by:	An Officer A General Partner  Sign Page: (')	
Dué Date:	6-1-2002-	
Amount of Tax Due:	Make Check Payable To: X Department of State Internal Revenue Service  Florida Department of Revenue  Your authorized commercial bank depository with a coupon marked  "" for the " quarter"	AT
Mail Return To: D- Mail Return And Check To:	I.R.S X Division of Corporation  Atlanta, GA. Uniform Business Repo	sos ort lings
Envelage is	Porridod. Tallahassee, FL 3230.	J
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*		