# FILED
# Mar 31, 2002 8:00 am
# Secretary of State

03-31-2002 90359 031 ***158.75

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

DOCUMENT # P01000120582

1. Entity Name

TARGET III TRUME, INC.

752116

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 18400NW 2 Ave. | 18400NW 2 Ave. |
| Suite, Apt. #, etc. Bay No. 1-A | Suite, Apt. #, etc. Bay No. 1-A |
| City & State Miami, FL | City & State Miami, FL |
| Zip 33169 Country USA | Zip 33169 Country USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0548173 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: TRUJILLO, GABRIEL JAIME

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

18400 NW 2 Ave Bay #1A

City: MIAMI FL Zip Code: 33169

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: TRUJILLO, GABRIEL JAIME 3/12/02

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 | D<br>Trujillo, Gabriel Jaime<br>651 NW 208 Cir.<br>Pembroke Pines, FL 33029 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Mejia, Juan Diego<br>15732 NW 4 St.<br>Pembroke Pines, FL 33028 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
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CR2E034B (12/01)

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: _____ 3/13/02 3054930400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #