

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90148 015 ***150.00

DOCUMENT # P02000051343

1. Entity Name
TRC BUSINESS CORPORATION



Principal Place of Business
**318 INDIAN TRACE STE 126
WESTON FL 33326**

Mailing Address
**15970 W SR 84 #126
SUNRISE FL 33326**

2. Principal Place of Business
1864 Salerno Circle

3. Mailing Address
15970 W SR 84 #126

Suite, Apt. #, etc.
1864

Suite, Apt. #, etc.

City & State
Weston FL

City & State
SUNRISE FL

Zip Country
33327 U.S.A.

Zip Country
33326 U.S.A.

4. FEI Number
04-3660884

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GBS CONSULTANTS
1290 WEST RD STE 306
WESTON FL 33326**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **TRAMONTE, CALOGERO**
STREET ADDRESS **318 INDIAN TRACE STE 126**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **VTD** ☐ Delete
NAME **ROTUNDO, CAROLINA**
STREET ADDRESS **318 INDIAN TRACE STE 126**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **D** ☐ Delete
NAME **DIAZ, MARIA A**
STREET ADDRESS **318 INDIAN TRACE STE 126**
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CALOGERO TRAMONTE 012703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 7321485
(954) 3847639

CR2E034 (10/02)