

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90202 047 ***150.00

DOCUMENT # P02000058878

1. Entity Name
TRL INVESTMENTS, INC.



Principal Place of Business
~~99 MIAMI GARDENS DR., SUITE 120~~
~~MIAMI FL 33169~~

Mailing Address
~~99 MIAMI GARDENS DR., SUITE 120~~
~~MIAMI FL 33169~~

2. Principal Place of Business
919 4th Street
Suite, Apt. #, etc.

3. Mailing Address
919 4th Street
Suite, Apt. #, etc.

City & State
Miami Beach, FL
Zip
33139 Country
U.S.

City & State
Miami Beach, FL
Zip
33139 Country

4. FEL Number
36-4508592

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LUCAS, THEODORE R JR.
99 MIAMI GARDENS DR., SUITE 120
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name **DAVID BERCUSON**
Street Address (P.O. Box Number is Not Acceptable) **9130 S. DADELAND BLVD. #1800**
City **MIAMI** FL Zip Code **33156**

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.

DAVID BERCUSON (NOTE: Registered Agent signature required when reinstating)

2.14.03 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D LUCAS, THEODORE R JR.	99 MIAMI GARDENS DR., SUITE 120	MIAMI FL 33169	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		919 - 4th STREET	MIAMI BEACH FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (10/02)