

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90113 029 ***150.00

DOCUMENT # P02000085145

1. Entity Name

TRENDSET COMPANY



DO NOT WRITE IN THIS SPACE

90085072

2. Principal Place of Business

3. Mailing Address

10185 COLLINS AVENUE

10185 COLLINS AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

321

321

City & State

City & State

BAL HARBOUR, FL

BAL HARBOUR, FL

Zip

Country

33154

USA

Zip

Country

33154

USA

4. FEI Number

05-0525421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **GILLES SUISSA**

Street Address (P.O. Box Number is Not Acceptable)
10185 COLLINS AVENUE, STE. 321

City **BAL HARBOUR**

FL

Zip Code
33154

**DO NOT WRITE
IN THIS SPACE**

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

GILLES SUISSA

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

P

GILLES SUISSA

10185 COLLINS AVENUE, STE. 321

BAL HARBOUR, FL 33154

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

GILLES SUISSA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-249-9211

Daytime Phone #

CR2E034B (12/02)