

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91701 014 ***150.00

DOCUMENT # P94000009915

1. Entity Name
THE TRUMPETER, INC.

Principal Place of Business
6790 MILLER DRIVE, SUITE 200
MIAMI FL 33155

Mailing Address
6790 MILLER DRIVE, SUITE 200
MIAMI FL 33155



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6790 Miller Drive
 Suite, Apt. #, etc.
200

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Miami

City & State
FL

4. FEI Number **65-0482932**

Applied For
☐ **Not Applicable**

Zip
33155

Country
USA

Zip
33155

Country
USA

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

6. Name and Address of Current Registered Agent

SWANKO, MARTIELE P
6790 MILLER DRIVE
SUITE 200
MIAMI FL 33155

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.

SIGNATURE *M. Swanko, President*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/02
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	SWANKO, MARTIELE P			
	6790 MILLER DR, #200			
	MIAMI FL 33155			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

SIGNATURE: *Martiele Swanko, President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (305) 668-6442
 Date Daytime Phone #

CR2E034 (9/01)