

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000020627

1. Entity Name

TRENDLINE COMMUNICATIONS CORPORATION

Principal Place of Business

2222 PONCE DE LEON BLVD  
6TH FLOOR  
CORAL GABLES FL 33134

Mailing Address

2222 PONCE DE LEON BLVD  
6TH FLOOR  
CORAL GABLES FL 33134-5039

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0662692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADKINS, JON S  
2701 PONCE DE LEON BLVD.  
SUITE 350  
CORAL GABLES FL 33134

Name

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

2222 PONCE DE LEON BLVD  
6TH FLOOR

City

CORAL GABLES

FL

Zip Code

33134

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

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME ADKINS, JON S  
STREET ADDRESS 2222 PONCE DE LEON BLVD #350  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE  
NAME 2222 PONCE DE LEON BLVD  
STREET ADDRESS 6TH FLOOR  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME PHILLIPS, JOEL  
STREET ADDRESS 2222 PONCE DE LEON BLVD  
CITY-ST-ZIP 6TH FLOOR  
CORAL GABLES, FL 33134 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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, all as shown.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90079 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)