178513 AV

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000073428

1. Entity Name

TRUVAL VILLAGE, INC.



FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90053 023 ***150.00

Mailing Address OT RIMAN MAY 17 KEY HAVEN RD KEY WEST FL 3000 2. Principal Place of Business Sute, Apt. #. etc. City & State RAMSINAL, FRANK IT KEY HAVEN RD KEY WEST R. 33040 City FL Zip Code City FL Zip Cod						7			
Suite, Apt. #, etc.	500 TRUMAN AVE.			117 KEY HAVEN RD.			,	1681	
Suite, Apt. #. etc. Suite, Apt. #. 610. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-052548 Applied For Not Applicable Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMSINAL, FRANK The REY HAVEN RD City FL Zip Code 8. The audien anned ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the ortifications of registered agent. SIGNATURE Signature synetic printer created agent agent and this applicable PFL Zip Code 8. The audien named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the ortifications of registered agent. SIGNATURE Signature synetic printer created agent agent and this applicable PFL Zip Code 8. The Audiens (PO Box Number is Not Acceptable) The Zip Code 8. The Audiens of registered agent	Principal Place of Business 3. Mailing Address					_			
City & State Country Country S. Certificate of Status Desired S. P. Name and Address of Current Registered Agent F. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zio Cool City FL Zio Cool S. The abdive named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE By Carrent Address (P.O. Box Number is Not Acceptable) City FL Zio Cool S. The abdive named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent sequence when entitions and the purpose of the purpose of changing its registered agent sequence when entitions and the purpose of changing its registered agent sequence when entitions and the purpose of the purpose of changing its registered agent sequence when entitions and the purpose of the purpose of changing its registered agent sequence when entitions and the purpose of the purpose of changing its registered agent sequence when entitions and the purpose of the p	En principal ricas of Education								
Not Applicable Set	Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
S. Certificate of Status Lessed Fee Required S. Towns and Address of New Registered Agent Name RAMSINAL, FRANK 117 KEY HAVEN RD KEY WEST FL 33040 City FL Zip Code City FL Zip Cod	City & State		City & State			4.	65-1525548	-	
RAMSINAL, FRANK 117 KEY HAVEN RD KEY WEST FL 33040 City FL Zip Code 6. The abdive named onthy submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME SIRET ADDRESS CITY-ST-2P TILE NAME CITY-ST-2P TILE NAME SIRET ADDRESS CITY-ST-2P T	Zip	Country	Zip		Country	5.			
RAMSINAL, FRANK 117 KEY HAVEN RD KEY WEST FL 33040 City FL Zip Code 8. The abdve named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature FILE NOW!!! FEE IS \$150.00 And Ker May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 0. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE RAMSINGH, FRANK SIRET ADDRESS CITY-S1-ZIP TILE D RAMSINGH, FRANK SIRET ADDRESS CITY-S1-ZIP TILE D RAMSINGH, FRANK SIRET ADDRESS CITY-S1-ZIP TILE D RAMSINGH, FRANK SIRET ADDRESS CITY-S1-ZIP TILE CITY-S1-ZIP D Delete TILE SOO TRUMAN AVE. KEY WEST FL 33040 CITY-S1-ZIP CITY-S1-ZIP TILE CITY-S1-ZIP CITY-S1-Z									
Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code	DALIONIAL FOAMIL				Name	Name			
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 tile if applicable. (NOTE: Registered Agent signature required when reinfalling) DATE				Street Address	s (P.O.	D. Box Number is Not Acceptable)			
8. The abdve named entity submits this statement for the purpose of changing its 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 table if applicable.	KEY WEST FL 33040							J	
SIGNATURE FILE NOW!! FEE IS \$150.00 After May 1, 203 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS IT ILE RAMSINCH, FRANK STREET ADDRESS CITY-ST-2IP TITLE D RAMSINCH, ANA STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP Change Addition Addition NAME STREET ADDRESS CITY-ST-2IP Change Addition Addition NAME STREET ADDRESS CITY-ST-2IP Change Addition Addition Addition NAME STREET ADDRESS CITY-ST-2IP Change Addition Add					City	City FL Zip Code			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME RAMSINGH, FRANK STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE RAMSINGH, FRANK SIREET ADDRESS CITY-SI-2IP TITLE D RAMSINGH, ANA SIREET ADDRESS CITY-SI-2IP TITLE RAMSINGH, ANA SOO TRUMAN AVE. KEY WEST FL 33040 Delete TITLE NAME SIREET ADDRESS CITY-SI-2IP TITLE NAM									
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE TITLE TITLE TITLE D RAMSINGH, FRANK STREET ADDRESS CITY-ST-2IP TITLE D RAMSINGH, ANA STREET ADDRESS CITY-ST-2IP TITLE TITLE TITLE TITLE TITLE TITLE D RAMSINGH, ANA STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME NAME STREET ADDRESS CITY-ST-2IP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-2IP TITLE NAME NAME NAME NAME NAME NAME NAME NA		ILE NOWILL EEE IS \$150.00							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	After May 1, 2003 Fee will be \$550.00								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM				I PRS	11.	A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	{	
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	TITLE	_		☐ Delete	TITLE		☐ Change ☐ Adi	dition	
CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	i							}	
RAMSINGH, ANA STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM							-		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	TITLE	D		☐ Delete	TITLE		☐ Change ☐ Ad	dition	
CITY-ST-ZIP KEY WEST FL 33040	1				•			Ì	
TITLE									
NAME		1121 112 000 10		☐ Delete			☐ Change ☐ Ado	dition	
CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME		ده چوخم دري د ده د		=,	NAME		and the second s	. }	
TITLE	í							- {	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME				□ Doloto	}		□ Channe □ Add	tition	
CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME				- Delete					
NAME , NAME	- 1								
	TITLE			☐ Delete	TITLE		☐ Change ☐ Ade	dition	
CYNERY ADDRESS	(
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP									
TITLE Delete TITLE Change Addition	TITLE			☐ Delete	TITLE		☐ Change ☐ Add	dition	
NAME STREET ADDRESS STREET ADDRESS	l l								
CITY-ST-ZIP 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03 305-246-3498

CR2E034 (10