

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 a
Secretary of State

02-08-2000 90034 042 ***150.00

DOCUMENT # P94000080383

1. Entity Name

TRU-CD, INC.

Principal Place of Business

Mailing Address

11415 S DIXIE HWY SUITE 200
MIAMI FL 33156

11415 S DIXIE HWY SUITE 200
MIAMI FL 33156-4443

AU017400

2. Principal Place of Business

3. Mailing Address

11415-A S. Dixie Hwy.

P.O. Box 565417

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami, FL.

Miami, FL.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0531838

Not

Zip

Country

Zip

Country

33156

U.S.A.

33256-5417

U.S.A.

5. Certificate of Status Desired

☐

\$8.75

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, RICHARD
9350 S DIXIE HWY SUITE 950
MIAMI FL 33156

Name

Richard Brown

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

9485 Sunset Drive

Suite A-195

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.

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

Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROMANO, LOU
11415 S DIXIE HWY SUITE 200
MIAMI FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
ROMANO, TRULEE
11415 S DIXIE HWY
MIAMI FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
INGERSOLL, TOM
10275 COLLINS AVE #1230
BAL HARBOUR FL 33154 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change

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CITY-ST-ZIP
☐ Change

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

SIGNATURE:

SIGNATURE REQUIRED Lou Romano

Date

Daytime Phone #

30

1/5/00

770-