

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Apr 27, 2000 8:00 am
Secretary of State

02-14-2000 90052 019 ***150.00

DOCUMENT # P95000042106

1. Entity Name
TROCK ENTERPRISES, INC.

Principal Place of Business Mailing Address
5920 N. FARRAGUT DR. **5920 N. FARRAGUT DR.**
HOLLYWOOD FL 33021 **HOLLYWOOD FL 33021-2727**

2. Principal Place of Business 3. Mailing Address

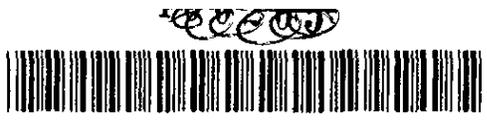
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0526186 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

FILINGS, INC.
3732 NW 16 ST
FT LAUDERDALE FL 33311

Name: **ARTHUR TROCK JR**
 Street Address (P.O. Box Number is Not Acceptable):
5920 N FARRAGUT DR
 City: **Hollywood** FL Zip Code: **33021**

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: *[Handwritten Signature]* DATE: **3-4-00**

(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.

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 <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROCK, ARTHUR	NAME	TROCK ARTHUR
STREET ADDRESS	3001 N OCEAN DR	STREET ADDRESS	5920 N. FARRAGUT DR
CITY-ST-ZIP	HOLLYWOOD FL 33019	CITY-ST-ZIP	HWD FL 33021
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROCK, STUART	NAME	TROCK, STUART
STREET ADDRESS	3001 N OCEAN DR	STREET ADDRESS	5920 N FARRAGUT DR
CITY-ST-ZIP	HOLLYWOOD FL 33019	CITY-ST-ZIP	HWD FL 33021
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *[Handwritten Signature]* DATE: **2-6-00** Daytime Phone #: **954-981-0210**

(Signature and typed or printed name of signing officer or director Date Daytime Phone #)