

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

0490203 AV

05-12-2003 90198 045 ***150.00

DOCUMENT # P96000099304



1. Entity Name
TRUMP INTERNATIONAL GOLF CLUB, INC.

Principal Place of Business MAR-A-LAGO 1100 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480	Mailing Address MAR-A-LAGO 1100 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State	City & State	4. FEI Number 65-0711659	Applied For <input type="checkbox"/>
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent -

7. Name and Address of New Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE
SUITE 500-EAST
WEST PALM BEACH FL 33401**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST TRUMP, DONALD J 1100 SOUTH OCEAN BLVD PALM CITY FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/02)

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 attachment with an address, with another like empowered.

SIGNATURE: **REQUIRED** Donald Trump

Date _____ Daytime Phone # _____