

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000002005**

1. Entity Name

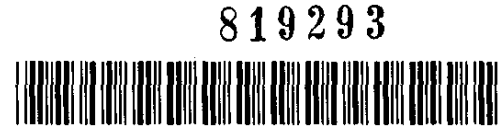
**TRINITY PROPERTIES OF AVENTURA, INC.****FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90001 008 \*\*\*150.00

0510577

Principal Place of Business <b>19500 W. DIXIE DR. N. MIAMI BEACH FL 33180-2216</b>	Mailing Address <b>P.O. BOX 273284 BOCA RATON FL 33427-3284</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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**819293**

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0719534</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>STEVEN M. AUERBACHER, P.A. 150 E. PALMETTO PARK RD. SUITE 4 BOCA RATON FL 33432</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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																																				
<table><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><b>D WILLIAMS, STEPHEN D</b> <b>1261 PANORAMA DR.</b> <b>LAFAYETTE CA 34549</b></td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr></table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILLIAMS, STEPHEN D</b> <b>1261 PANORAMA DR.</b> <b>LAFAYETTE CA 34549</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<table><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr></table>	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"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/00)

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Stephen Williams* **STEPHEN WILLIAMS** 4/2/01 925/253-0290