

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000066109**1. Entity Name
TREK ENTERPRISE CORP.**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90015 042 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1950 NW 22ND STREET
FORT LAUDERDALE FL 33311-2939Mailing Address
1950 NW 22ND STREET
FORT LAUDERDALE FL 33311-29392. Principal Place of Business
1410 SW 8th ST
Suite, Apt. #, etc.3. Mailing Address
P.O. Box 5800
Suite, Apt. #, etc.City & State
Pompano Beach
Zip
33069City & State
FL
Zip
Country4. FEI Number **65-0771714**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SINGER, DAVID H ESQ
13320 SW 128TH STREET
MIAMI FL 33186

7. Name and Address of New Registered Agent

Peter Daniels
Street Address (P.O. Box Number is Not Acceptable)
1410 SW 8th ST
Pompano Beach FL 33069
City Zip Code

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)**1/2/01**
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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	DANIELS, PETER R	1950 NW 22ND STREET	FORT LAUDERDALE FL 33311-2939	<input type="checkbox"/>
D	MARCUS, RICHARD E	1950 NW 22ND STREET	FORT LAUDERDALE FL 33311-2939	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		1410 SW 8th ST	POM/PA BEACH FL 33069	<input checked="" type="checkbox"/>
		1410 SW 8th ST	Pompano Beach FL 33069	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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**1/02/01**
Date
954 781
9200
Daytime Phone #

CR2E034 (10/00)