

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91610 037 ***150.00

DOCUMENT # P98000004691

1. Entity Name

TRG II, INC. College Park

Principal Place of Business

**319 CLEMATIS STREET
 STE 901
 WEST PALM BEACH FL. 33401**

Mailing Address

**319 CLEMATIS STREET
 STE 901
 WEST PALM BEACH FL. 33401**

643014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0849499

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WOLFE, LEON J
 100 SE SECOND ST STE 3500
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **The Richman Group of Florida, Inc.**
 Street Address (P.O. Box Number is Not Acceptable) **319 Clematis St # 901**
 City **West Palm Beach FL** Zip Code **33401**

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

[Handwritten Signature]
Resident

2-11-02

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, 2002 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 Delete
 NAME **CD RICHMAN, RICHARD P**
 STREET ADDRESS **599 WEST PUTNAM AVE**
 CITY-ST-ZIP **GREENWICH CT 06830**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP SALZMAN, DAVID**
 STREET ADDRESS **599 WEST PUTNAM AVE**
 CITY-ST-ZIP **GREENWICH CT 06830**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P MILLE R, KRISTIN M**
 STREET ADDRESS **599 WEST PUTNAM AVE**
 CITY-ST-ZIP **GREENWICH CT 06830**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T LUDEKE, NEAL**
 STREET ADDRESS **599 WEST PUTNAM AVE**
 CITY-ST-ZIP **GREENWICH CT 06830**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T DODGE, GINA K**
 STREET ADDRESS **599 WEST PUTNAM AVE**
 CITY-ST-ZIP **GREENWICH CT 06830**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 the address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-02

Date

Daytime Phone #

CR2E034 (9/01)