## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

Principal Place of Business

P98000004691

Mailing Address

1. Entity Name TRG II, INC.



**FILED** Apr 03, 2003 8:00 am Secretary of State 04-03-2003 90202 049 \*\*\*150.00

319 CLEMATIS STE 901 WEST PALM 8	EACH FL 33401	STE S	STE 901 WEST PALM BEACH FL 33401									
2. Principal P	lace of Business	3. Ma	3. Mailing Address				! !!!		il <b>ca</b> lli balli b	0111	ABIBI IABI IDDI	
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Stat	е	City	City & State			4.	4. FEI Number 65-0849499				pplied For ot Applicable	
Zip	Country Zip			Country			. Certifica	ate of Status Desir	ed 🗌	\$8.75 Ac		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent							
	· · · · · · · · · · · · · · · · · · ·		Name									
	MAN GROUP OF FLORID	DA INC.				Street Address (P.O. Box Number is Not Acceptable)						
-	atis st # 901											
WEST PAL	M BEACH FL 33401											
ę.				:	City			•		FL Zip Coo	de	
	named entity submits this s	tatement for the purp	ose of changing its	registere	d office or	registered a	agent, or t	ooth, in the State o	of Florida. I	am familiar with	, and accept	
the obligat	ions of registered agent.											
SIGNATURE .								•				
	Signature, typed or printed name of re-	gistered agent and title if app	olicable. (NOTE	: Registered	d Agent signati	ure required when	n reinstating)		D/	ATE		
-	ILE NOW!!! FEE IS \$1						9.	Election Campaig	n Financino	\$5.0	<b>)0</b> May Be	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State								Trust Fund Contrib	-		d to Fees	
	· · · · · · · · · · · · · · · · · · ·			<b>1</b> 44			A DOLLION	IC/CLIANICES TO	OFFICEDS	AND DIDECTOR	00 IN 44	
10.	CD	CERS AND DIRECTO		11.		· · · · · · ·	ADDITION	IS/CHANGES TO	OFFICERS	Change	Addition	
TITLE NAME	RICHMAN, RICHARD P		☐ Delete	TITLE						□ Change	☐ Addition	
STREET ADDRESS	599 WEST PUTNAM AV	E			Et address							
CITY-ST-ZIP	<b>GREENWICH CT 06830</b>			CITY	ST-ZIP						ĺ	
TITLE	VP		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME	SALZMAN, DAVID			NAM								
STREET ADDRESS	599 WEST PUTNAM AVE				ET ADDRESS							
CITY-ST-ZIP	GREENWICH CT 06830			-	ST-ZIP	 			_		C	
TITLE	P KDIOTIN M		☐ Delete	TITLE						Change	Addition	
NAME STREET ADDRESS	MILLE R, KRISTIN M 599 WEST PUTNAM AVI	F		NAMI STRE	ET ADDRESS							
CITY-ST-ZIP	GREENWICH CT 06830	-			ST-ZIP							
TITLE	T		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME	LUDEKE, NEAL		_ 55,005	NAMI							}	
STREET ADDRESS	599 WEST PUTNAM AV	E		1	ET ADDRESS							
CITY-ST-ZIP	GREENWICH CT 06830			CITY	ST-ZIP							
TITLE	T CONTRACT		☐ Delete	TITLE		Sections				Change	Addition	
NAME STREET ADDRESS	DODGE, GINA K 599 WEST PUTNAM AVI	r		NAMI	: Et address							
CITY-ST-ZIP	GREENWICH CT 06830	<b>L</b>			ST-ZIP							
TITLE	GILLIAMON OF OCCUP		☐ Delete	TITLE		AT				☐ Change	Addition	
NAME '			Doloto	NAME		CHARLE	S L. 1	LRAFNICK			7	
STREET ADDRESS				STRE	ET ADDRESS	599 WE	est pu	TNAM AVE				
CITY-ST-ZIP				CITY-	ST-ZIP	GREEN	wich,	ct 06830				

12. I hereby certify that the information supplied with this filling 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 extend 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 addition, with all place if the proposered.

**SIGNATURE:** 

203-869-0900