

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067593

1. Entity Name

TRSMON CORP.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90040 044 ***150.00

Principal Place of Business 4100 N. POWERLINE ROAD C-1 POMPANO BEACH FL 33073 US	Mailing Address 1400 NW 15TH AVE., #7 BOCA RATON FL 33486-1161
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-0855177	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HOLZMANN, AVNER 1400 NW 15TH AVE., #7 BOCA RATON FL 33486	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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)

DATE

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P BENJOSEPH, AVRAHAM 4491 CRYSTAL LAKE DR. #201-C POMPANO BEACH FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ben Joseph Avraham 749 NW 41st Way Deerfield Bch. FLORIDA 33443
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLZMANN, AVNER 1400 NW 15TH AVE., #7 BOCA RATON FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Avner Holzmann 3/12/00 954-295-7616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #