

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067593

1. Entity Name  
TRSMON CORP.

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90027 034 \*\*\*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

2. Principal Place of Business  
509 Dotterel Rd.  
Suite, Apt. #, etc. 23-C

3. Mailing Address  
509 Dotterel Rd.  
Suite, Apt. #, etc. 23-C

City & State Delray Bch. FL

City & State Delray Bch. FL

Zip 33444 Country USA

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4. FEI Number 65-0855177

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLZMANN, AVNER  
1400 NW 15TH AVE., #7  
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

\*Name Holzmann Avner  
Street Address (P.O. Box Number is Not Acceptable)  
509 Dotterel Rd. 23-C  
City Delray Bch. FL Zip Code 33444

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 Avner Holzmann DATE 4/4/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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

TITLE P  
NAME BENJOSEPH, AVRAHAM  
STREET ADDRESS 749 NW 41ST WAY  
CITY-ST-ZIP DEERFIELD BCH FL 33443 ☐ Delete

TITLE V  
NAME HOLZMANN, AVNER  
STREET ADDRESS 1400 NW 15TH AVE., #7  
CITY-ST-ZIP BOCA RATON FL 33486 ☐ Delete  
*change address*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME Avner Holzmann  
STREET ADDRESS 509 Dotterel Rd. 23-C  
CITY-ST-ZIP Delray Bch FL 33444 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 Vice President DATE 4/4/01 DAYTIME PHONE # 561-271-7372  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0329240

CR2E034 (10/00)