

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90031 010 ***158.75

DOCUMENT # P98000100058

1. Entry Name

TREBOL ENTERPRISES, INC.

Principal Place of Business

**2610 SAWGRASS MILLS CIRCLE
 SUITE F-8
 SUNRISE FL 33323**

Mailing Address

**1540 N.W. 128 DRIVE
 APT. #207
 SUNRISE FL 33323**

2. Principal Place of Business

**8850 NW 77 Ct
 Suite, Apt. #, etc.
 # 146**

3. Mailing Address

8850 NW 77 Ct. # 146

City & State

TAMARAC FL.

City & State

TAMARAC FL.

4. FEI Number

65-0879698

Applied For

Not Applicable

Zip

33321

Country

USA

Zip

33321

Country

USA

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

6. Name and Address of Current Registered Agent

**NIETO, ABDELKADER
 1540 N.W. 128 DRIVE
 #207
 SUNRISE FL 33323**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8850 NW 77 Ct.

146

City

TAMARAC

FL

Zip Code

33321

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, 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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **NIETO, ABDELKADER**
 CITY-ST-ZIP **1540 N.W. 128 DRIVE, #207
 SUNRISE FL 33323**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **8850 NW 77 Ct. # 146**
 CITY-ST-ZIP **TAMARAC FL. 33321**

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

TITLE ☐ Change ☐ Addition
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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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ABDELKADER NIETO, 954-845-9206

CR2E034 (9/01)