

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000042869**

1. Entity Name

**TRR FINANCIAL ENTERPRISES, INCORPORATED****FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90055 047 \*\*\*150.00

Principal Place of Business

**1110 SEVILLA AVE.  
CORAL GABLES FL 33134**

Mailing Address

**1172 S. DIXIE HWY  
PMB 542  
CORAL GABLES FL 33146****LUUJ0404**

2. Principal Place of Business

**7620 SW 159 Terrace**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Miami FL**

City &amp; State

Zip

**33157**

Country

**U.S.**

Zip

Country

4. FEI Number **65-0920826**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
526 E.PARK AVE.  
TALLAHASSEE FL 32301**

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, 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	<b>PVS</b>	<input type="checkbox"/> Delete
NAME	<b>ROBINSON, THOMAS R</b>	
STREET ADDRESS	<b>1110 SEVILLA AVE</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL 33134</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>ROBINSON, THOMAS R</b>	
STREET ADDRESS	<b>1110 SEVILLA AVE</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL 33134</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>7620 SW 159 Terrace</b>	
CITY - ST - ZIP	<b>Miami, FL 33157</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>7620 SW 159 Terrace</b>	
CITY - ST - ZIP	<b>Miami, FL 33157</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**3/20/01 305-342-7768**

Date

Daytime Phone #

CR2E034 (10/00)

0184102