

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045928

1. Entity Name  
TRAILS II CORP.

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90349 017 \*\*\*150.00

Principal Place of Business  
16900 SOUTHWEST 59TH COURT  
FT. LAUDERDALE FL 33331

Mailing Address  
16900 SOUTHWEST 59TH COURT  
FT. LAUDERDALE FL 33331

815084



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2715 E OAKLAND PK BLVD

3. Mailing Address  
2715 E OAKLAND PK BLVD

Suite, Apt. #, etc.  
SUITE 300

Suite, Apt. #, etc.  
SUITE 300

City & State  
FT LAUDERDALE FL

City & State  
FT LAUDERDALE FL

4. FEI Number 65-0929249

Applied For  
Not Applicable

Zip Country  
33306 USA

Zip Country  
33306 USA

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

NOVICK, MATTHEW  
16900 SW 59 CT  
FORT LAUDERDALE FL 33331

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PEB</del> PRESIDENT NOVICK, MATTHEW 16900 SOUTHWEST 59TH COURT FT. LAUDERDALE FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN LESCHUSKY VICE PRESIDENT 3706 N OCEAN BLVD SUITE 460 FT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRED SENSIL S.T. 2715 E OAKLAND PK BLVD FT LAUDERDALE FL 33306	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/01 957 568-9885

CR2E034 (10/00)