

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000065079**

1. Entity Name

TRENCHARD'S AND ASSOCIATES, INC.**FILED****May 14, 2001 8:00 am**
Secretary of State

05-14-2001 90049 027 ***150.00

0238742

Principal Place of Business

**7132 S.W. 152ND COURT
MIAMI FL 33193**

Mailing Address

**7132 S.W. 152ND COURT
MIAMI FL 33193**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0936320**

Applied For

Not Applicable

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

**MORALES-TRENCHARD, SAHILY
7132 S.W. 152ND COURT
MIAMI FL 33193**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
PD MORALES-TRENCHARD, SAHILY 7132 S.W. 152ND COURT MIAMI FL 33193	<input type="checkbox"/>		
ST AROCHA, NEREYDA 11700S.W. 182ND TERRACE MIAMI FL 33177	<input type="checkbox"/>		
VD GARCIA, ROSA 7102 SW 152ND CT MIAMI FL 33193	<input type="checkbox"/>		
VT MEEKS, MARIE C 7106 SW 113TH CT MIAMI FL 33173	<input checked="" type="checkbox"/>		
VC PEREZ, NORMA Y 9960 SW 15 TERR MIAMI FL 33174	<input checked="" type="checkbox"/>		
	<input type="checkbox"/>		

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 #

CR2E034 (10/00)