

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082911

1. Entity Name

TRUSTCOM MANAGEMENT SERVICES, P.A.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90041 008 \*\*\*158.75

Principal Place of Business

Mailing Address

319 EAST 11TH STREET  
HIALEAH FL 33101-4139

319 EAST 11TH STREET  
HIALEAH FL 33010-4139

2. Principal Place of Business

3. Mailing Address

319 East 11th Street

319 East 11th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

4. FEI Number

65-0975349

Applied For

Not Applicable

Zip  
33016-4139

Country  
USA

Zip  
33010-4139

Country  
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

O'QUINN, DANIEL C  
319 EAST 11TH STREET  
HIALEAH FL 33101-4139

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, 2000 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 [PSTD] ☐ Delete  
NAME O'QUINN, DANIEL C  
STREET ADDRESS 319 EAST 11TH STREET  
CITY-ST-ZIP HIALEAH FL 33101-4139

TITLE CPSTD ☒ Change ☐ Addition  
NAME O'QUINN, DANIEL C  
STREET ADDRESS 319 EAST 11TH STREET  
CITY-ST-ZIP HIALEAH, FL 33010-4139

TITLE VD ☐ Delete  
NAME O'QUINN, MAYRA M  
STREET ADDRESS 319 EAST 11TH STREET  
CITY-ST-ZIP HIALEAH FL 33101-4139

TITLE VD ☒ Change ☐ Addition  
NAME O'QUINN, MAYRA M  
STREET ADDRESS 319 EAST 11TH STREET  
CITY-ST-ZIP HIALEAH, FL 33010-4139

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Daniel C. O'Quinn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL C. O'QUINN - CHAIRMAN 3-1-2000 (305) 888-5027

Date

Daytime Phone #

CR2E034 (9/99)