

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000082911

FILED  
Mar 21, 2002 8:00 AM  
Secretary of State

**Entity Name:** TRUSTCOM MANAGEMENT SERVICES, P.A.

**Current Principal Place of Business:**

319 EAST 11TH STREET  
HIALEAH, FL 331014139 US

**New Principal Place of Business:**

**Current Mailing Address:**

319 EAST 11TH STREET  
HIALEAH, FL 331014139 US

**New Mailing Address:**

**FEI Number:** 65-0975349

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

O'QUINN, DANIEL C  
319 EAST 11TH STREET  
HIALEAH, FL 331014139

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CPST ( ) Delete  
Name: O'QUINN, DANIEL C  
Address: 319 EAST 11TH STREET  
City-St-Zip: HIALEAH, FL 331014139

Title: VD ( ) Delete  
Name: O'QUINN, MAYRA M  
Address: 319 EAST 11TH STREET  
City-St-Zip: HIALEAH, FL 331014139

Title: D (X) Delete  
Name: O'QUINN, DANIEL C  
Address: 319 E 11TH ST  
City-St-Zip: HIALEAH, FL 330104139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** DANIEL C. O'QUINN

PS

03/21/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date