

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P99000083245**

1. Entity Name

TRU CONCEPTS, INC.**FILED**
May 15, 2000 8:00 am
Secretary of State

03-25-2000 90001 017 ***150.00

Principal Place of Business		Mailing Address	
1440 CORAL RIDGE DR. PMB 128 CORAL SPRINGS FL 33071		1440 CORAL RIDGE DR. PMB 128 CORAL SPRINGS FL 33071-5433	
2. Principal Place of Business		3. Mailing Address	
1440 Coral Ridge Dr.		1440 Coral Ridge Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
PMB # 128		PMB # 128	
City & State		City & State	
Coral Springs, FL		Coral Springs, FL	
Zip	Country	Zip	Country
33071	United States	33071-5433	United States



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0949346	Applied For
	65-949346	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHAN, THOMAS 1440 CORAL RIDGE DR. PMB 128 CORAL SPRINGS FL 33071		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

3/21/00

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 State10. 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAN, THOMAS	NAME	
STREET ADDRESS	260 NW 76TH AVE., #307	STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUYUGAN, RUDY M	NAME	
STREET ADDRESS	1188 NE 158TH ST.	STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH FL 33162	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

3/21/00

Date

(954) 536-3004

Daytime Phone #

CR2E034 (9/99)