

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P-99000084856**
Entity Name
TRFRAME COMPONENTS MAINTENANCE, INC.

FILED
Jun 06, 2000 8:00 am
Secretary of State
06-06-2000 90009 041 ***150.00

Principal Place of Business Mailing Address
220 N.W 52 AVE BAY 17
MIAMI, FL 33166-4858 ✓

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

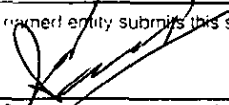
4. FEI Number Applied For:
65-0950515 ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
EDISON E. SAAVEDRA
522 TAMiami CANAL ROAD.
MIAMI, FL 33126

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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:  (NOTE: Registered Agent signature required when reappointing) DATE: **4-28-00**

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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST. ZIP		NAME	
		STREET ADDRESS	
		CITY - ST - ZIP	
PRESIDENT.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EDISON E. SAAVEDRA		NAME	
6522 TAMiami CANAL ROAD		STREET ADDRESS	
MIAMI, FL 33126		CITY - ST - ZIP	
TREASURER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
GENARO RODRIGUEZ		NAME	
14915 S.W 304 TERRA		STREET ADDRESS	
LEISURE CITY, 33033		CITY - ST - ZIP	
SECRETARY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NESTOR CAMACHO		NAME	
2211 W.64 ST APT.#205		STREET ADDRESS	
HEALEH, FL 33016		CITY - ST - ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY - ST - ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY - ST - ZIP	

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:  **EDISON E. SAAVEDRA** Date: **4-28-00** Daytime Phone: **(305) 267-5408**