

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100954

1. Entity Name
NATIONAL TROPHY CORP.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90035 049 ***150.00

Principal Place of Business Mailing Address
~~100 S.E. 2ND STREET, SUITE 2150~~ ~~100 S.E. 2ND STREET, SUITE 2150~~
~~MIAMI FL 33131~~ ~~MIAMI FL 33131-2151~~

2. Principal Place of Business 3. Mailing Address
2764 N. University Drive 3820 Windmill Lake Rd
Suite, Apt. #, etc. Suite, Apt. #, etc.
Sunrise, FL 33322 Weston, FL
City & State City & State
Zip Country Zip Country
33322 USA 33332 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0968258 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
ENGELS, MARTIN
100 S.E. 2ND STREET, SUITE 2150
MIAMI FL 33131

7. Name and Address of New Registered Agent
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
~~D-ENGELS, MARTIN~~ ~~100 S.E. 2ND STREET, SUITE 2150~~ ~~MIAMI FL 33131~~
P-S-D Greg Erickson 2764 N. University Drive Sunrise, FL 33322

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED 1-19-00 954-572-1699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)