FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90124 041 ***150.00

DOCUMENT # 583098

1. Entity Name
T.R. SALES CO.,INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1390 SOUTH FEDERAL HIGHWAY	1390 SOUTH FEDERAL HIGHWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH, FLORIDA	City & State: POMPANO BEACH, FLORIDA
Zip: 33062 Country: U.S.A.	Zip: 33062 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0286518 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: NEIL ROSENBERG

Street Address (P.O. Box Number is Not Acceptable): 3032 N.E. 31st AVENUE

City: LIGHTHOUSE POINT **FL** Zip Code: 33064

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 _____ APRIL 11, 2002
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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	NEIL ROSENBERG
STREET ADDRESS	3032 N.E. 31st AVENUE
CITY-ST-ZIP	~~LIGHTHOUSE POINT, FLORIDA 33064~~
TITLE	SECRETARY
NAME	JANIS ROSENBERG
STREET ADDRESS	2455 E. LINDELL BLVD.
CITY-ST-ZIP	DEL RAY BEACH, FLORIDA 33444

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/11/02 954/946-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)