

**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
1390 SOUTH FEDERAL HIGHWAY

3. Mailing Address
1390 SOUTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
POMPANO BEACH, FLORIDA

City & State
POMPANO BEACH, FLORIDA

4. FEI Number
65-0286518

Applied For
Not Applicable

Zip
33062

Country
U.S.A.

Zip
33062

Country
U.S.A.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

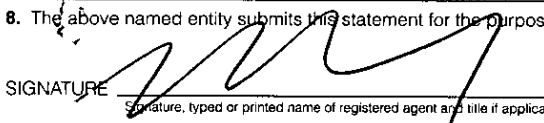
Name
NEIL ROSENBERG

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
NEIL ROSENBERG
3032 N.E. 31st AVENUE
LIGHTHOUSE POINT, FLORIDA 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
JANIS ROSENBERG
2455 E. LINDELL BLVD.
DEL RAY BEACH, FLORIDA 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

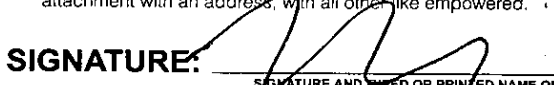
TITLE
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**DO NOT WRITE
IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02 954/946-6363

Date

Daytime Phone #

CR2E034B (12/01)