

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90039 017 ***150.00

DOCUMENT # V31107

1. Entity Name
TRUELITE, INC.

Principal Place of Business

1121 HOLLAND DRIVE
SUITE 28
BOCA RATON FL 33487
US

Mailing Address

1121 HOLLAND DRIVE
SUITE 32
BOCA RATON FL 33487
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0328012**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HEALY, JOHN~~
1040 N.W. 4TH STREET
BOCA RATON FL 33486

Name **William Reilly**
Street Address (P.O. Box Number is Not Acceptable)
1121 HOLLAND DRIVE #32
City **BOCA RATON** FL Zip Code **33487**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DE ROJAS, A.A.	
STREET ADDRESS	3240 N.E. 4 AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	HEALY, JOHN	
STREET ADDRESS	1040 N.W. 4 ST	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAN YUSTER	
STREET ADDRESS	1121 HOLLAND DRIVE #32	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	D.C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUIS GLOCKER	
STREET ADDRESS	1121 HOLLAND DRIVE #32	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	William Reilly	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Reilly	
STREET ADDRESS	1121 HOLLAND DRIVE #32	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

ALAN YUSTER

Date

Daytime Phone #

4.26.01 561-995-9980

CR2E034 (10/00)