

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90226 029 ***150.00

DOCUMENT # **K04977**

1. Entity Name:

TRANSWAY CORPORATION

Principal Place of Business

Mailing Address

2801 Ponce de Leon Blvd #550
CORAL GABLES, FL. 33134

659872

2. Principal Place of Business

2801 Ponce de Leon Blvd

3. Mailing Address

same

Suite, Apt. #, etc.

Suite 550

Suite, Apt. #, etc.

same

DO NOT WRITE IN THIS SPACE

City & State

Coral Gables, FL.

City & State

same

4. FEI Number

65-0017614

Applied For

Not Applicable

Zip

33134

Country

U.S.

Zip

same

Country

same

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Blair + Cole, P.A.
2801 Ponce de Leon Blvd
Suite 550
Coral Gables, FL. 33134

7. Name and Address of New Registered Agent

Name **Bonnie Blair**

Street Address (P.O. Box Number is Not Accepted)

2801 Ponce de Leon Blvd

Suite 550

City

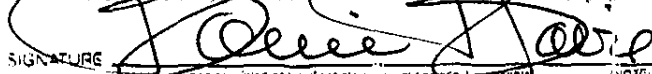
Coral Gables

FL

Zip Code

33134

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 

(NOTE: Registered Agent signature required when registering)

4/30/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW WITH FEE OF \$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

TITLE **P/D**
NAME **Bonnie Blair**
STREET ADDRESS **2801 Ponce de Leon Blvd #550**
CITY-ST-ZIP **CORAL GABLES, FL. 33134**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 original, or on an attachment with an address, with all equal like empowerment.

SIGNATURE:


Bonnie Blair

4/30/01

305-444-2400

APR 30 2001 13:05

305 541 3770

TOTAL P.02
PAGE.02