

# 2001 UNIFORM BUSINESS REPORT (UBR)

00103 3 AF

**DOCUMENT #** L00000008393

**1. Entity Name**  
TRANSPREMIER, L.L.C.

**Principal Place of Business**  
201 178 DRIVE, STE 412  
SUNNY ISLES FL 33166

**Mailing Address**  
201 178 DRIVE, STE 412  
SUNNY ISLES FL 33166

FILED  
01 MAR 12 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**2. Principal Place of Business**  
Suite, Apt. #, etc. #1407  
14162 colonial Grand Blvd  
Orlando FL

**3. Mailing Address**  
Suite, Apt. #, etc. #1407  
14162 colonial Grand Blvd  
Orlando FL

Zip 32837 Country USA

DO NOT WRITE IN THIS SPACE **MJH**

**4. FEI Number** Applied For  Not Applicable

**5. Certificate of Status Desired**  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
GUARNIZO LLANOS, SERGIO  
201 178 DRIVE, SUITE 412  
SUNNY ISLES FL 33166

**7. Name and Address of New Registered Agent**  
Name: Guarnizo Llanos, Sergio  
Street Address (P.O. Box Number is Not Acceptable): 14162 colonial Grand Blvd #1407  
City: Orlando FL Zip Code: 32837

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUARNIZO LLANOS, SERGIO 201 178 DRIVE, STE 412 SUNNY ISLES FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Guarnizo Llanos, Sergio <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14162 colonial Grand Blvd #1407 Orlando FL, 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003889157 <input type="checkbox"/> Addition -03/20/01--01114--007 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

SIGNATURE: SIGNATURE REQUIRED 03/8/01 (407) 8559561  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)