

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90172 028 ****55.00

DOCUMENT # L00000008393

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

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| Principal Place of Business 14162 COLONIAL GRAND BLVD., #1407 ORLANDO FL 32837 | Mailing Address 14162 COLONIAL GRAND BLVD., #1407 ORLANDO FL 32837 |
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DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------|
| 2. Principal Place of Business 13348 TWIN WOOD LN | 3. Mailing Address |
| Suite, Apt. #, etc. 2108 | Suite, Apt. #, etc. |

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|------------------------------------|--------------------------|--|--|
| City & State ORLANDO, FL | City & State | 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
| Zip 32837 | Country U.S.A. | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent GUARNIZO LLANOS, SERGIO 14162 COLONIAL GRAND BLVD., #1407 ORLANDO FL 32837 | 7. Name and Address of New Registered Agent Name GUARNIZO LLANOS, SERGIO. Street Address (P.O. Box Number is Not Acceptable) 13348 TWIN WOOD LN # 2108 City ORLANDO FL Zip Code 32837. |
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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
Due By May 1, 2002

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GUARNIZO LLANOS, SERGIO 14162 COLONIAL GRAND BLVD., #1407 ORLANDO FL 32837 <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 |
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| 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** **1/31/02** **407-855-9561**
321-228-2332
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)