2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 13, 2002 8:00 am Secretary of State **DOCUMENT #** P00000025357 1. Entity Name TRANSCEND DEVELOPMENT CORP. 05-13-2002 90061 023 ***150.00 Principal Place of Business Mailing Address 3626 ERINDALE DRIVE 3626 ERINDALE DRIVE 901958 VALRICO FL 33594 VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3646732 Not Applicable Zip s Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOODWARD, ANTHONY G HASBINI O Box Number is Not Acceptable) 2024 W. CLEVELAND STREET TAMPA FL 33606 City VALRICO 8. The above named Atity su ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. its this st SIGNATURE HASBINI Signature, typed or prin pent and title if applicable 9. This corporation is eligible to satisfy its In FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do: 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PVSD ☐ Delete TITLE ☐ Addition HASBINI, ALI NAME NAME STREET ADDRESS 3626 ERINDALE DRIVE STREET ADDRESS CITY-ST-ZIP VALRICO FL 33594 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied w indicated on this report of supplemental report of the corporation or the receiver of trustee et changed, or on an attachment with an address.

It is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if