

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

04 APR 22 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66415719

DOCUMENT # P00000037499

1. Entity Name

TRANSCROSSIER CO INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14843 SW 07 LANE

Suite, Apt. #, etc.

3. Mailing Address

14843 SW 07 LANE

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0996650

Applied For

Not Applicable

Zip

Country

33193 U.S.A.

Zip

Country

33193 U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

REINSTATEMENT 02-04

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ISAIAS S. DIAZ

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

14843 SW 07 LANE.

City Miami

FL

Zip Code 33193

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

ISAIAS S. DIAZ (President)

[Signature]

04-12-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME PRESIDENT ISAIAS S. DIAZ
STREET ADDRESS 14843 SW 07 LANE
CITY-ST-ZIP Miami FL 33193

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
900033801609
04/25/04--01010--024 **463.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-04 (305) 494 0910.

Date

Daytime Phone #

CR2E034B (12/02)

Handwritten scribbles

Handwritten numbers:
0000000037499
00415719
P000000037499

Transcrossier co. Inc
14843sw 67 lane
Miami FL 33193

Dear Representative.

As the president of transcrossier co inc; I'd now understand my responsibilities and obligations to the (UBR) and the state of Florida corporation system; therefore, I'd accept negligence in regard to the three years pass due payments to the you ,so; please accept my biggest apologies to you and the entire system.

There's a reason I 've not contact you and that's for not knowing my obligation to pay the amount of \$150.00 per year due to miscommunication with mine tax prepared who was also my accountant; I'd also change my address three times in the pass three years, so, that explains why you could not contact me at all, so PLEASE IF'S NOT TOO MUCH TO ASK .

Can you reinstate my corporation. accepting the three pass due payments for previous years ? that 'll do my day.

Well THANKS for listening and I hope you understand.

Sincerely

