

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90004 008 \*\*\*550.00

**DOCUMENT # P98000059645**

1. Entity Name  
**TRANS - AMERICA MARITIME INC.**

Principal Place of Business  
 8461 N.W. 74 ST.  
 MIAMI FL 33166

Mailing Address  
 8461 N.W. 74 ST.  
 MIAMI FL 33166

2. Principal Place of Business  
**8455 N.W. 74TH STREET**

3. Mailing Address  
**P O BOX 522166**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MIAMI, FL.**

City & State  
**MIAMI FL**

4. FEI Number **65-0849457**

Applied For  
 Not Applicable

Zip  
**33166-2325**

Country  
**U.S.A.**

Zip  
**33152-2166**

Country  
**U.S.A.**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MORALES, MELBA**  
**8461 N.W. 74 ST.**  
**MIAMI FL 33166**

Name  
**MELBA MORALES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8455 N.W. 74TH ST.**  
 City  
**MIAMI FL** Zip Code  
**33166-2325**

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)

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

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Delete  
 NAME **D MORALES, MELBA**  
 STREET ADDRESS **7923 W. 14 CT.**  
 CITY-ST-ZIP **HIALEAH FL 33014**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D GARCIA, MAEBY**  
 STREET ADDRESS **1745 W. 72 ST.**  
 CITY-ST-ZIP **HIALEAH FL 33014**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Delete  
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TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Melba Morales*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-17-00** **305-592-6292**  
 Date Daytime Phone #

CR2E034 / 5/00