

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90022 013 ***150.00

0041782 SP

DOCUMENT # 323631

1. Entity Name

TRANSCONEX INCORPORATED

Principal Place of Business

Mailing Address

**6696 NW 12 ST
MIAMI FL 33126
US**

**6696 NW 12 ST
MIAMI FL 33126
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1198776

Applied For

Not Applicable

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

**DUEN, ANTONIO
6696 N W 12 TH ST
MIAMI FL 33126**

Name

MADLYN DUEN

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

6906 NW 12TH ST.

City

MIAMI

FL

Zip Code

33126

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 Madlyn Duen

3/28/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 | SD | <input type="checkbox"/> Delete |
| NAME | LEPAGE, JEFF | |
| STREET ADDRESS | 450 SHATTUCK AVE S STE 401 | |
| CITY-ST-ZIP | RENTON WA 98055 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | LEPAGE, MATTHEW J | |
| STREET ADDRESS | 450 SHATTUCK AVE S STE 401 | |
| CITY-ST-ZIP | RENTON WA 98055 | |
| TITLE | T. | <input type="checkbox"/> Delete |
| NAME | BROWN, BRUCE | |
| STREET ADDRESS | 450 SHATTUCK AVE S STE 401 | |
| CITY-ST-ZIP | RENTON WA 98055 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | JACOBSON, TIMOTHY | |
| STREET ADDRESS | 450 SHATTUCK AVE S STE 401 | |
| CITY-ST-ZIP | RENTON WA 98055 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Jeff Lepage

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02

Date

Daytime Phone #

CR2E034 (9/01)