## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2000 8:00 am Secretary of State DOCUMENT # 448353 TRANSAMERICA EXPORT CORP. 04-24-2000 90128 014 \*\*\*150.00 Mailing Address Principal Place of Business 7987 NW 33RD ST /987 NW 33 ST FL 33122 MIAMI FL 33122-1001 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1703451 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JORDAN, JAMES S. Street Address (P.O. Box Number is Not Acceptable) 9370 SW 30TH TERRACE **MIAMI FL 33165** Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS: 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE JORDAN, JAMES S. NAME STREET ADDRESS STREET ADDRESS 5885 NW 108 PLACE CITY-ST-ZIP CITY-ST-ZIP. MIAMI FL 33178 ☐ Addition ☐ Channe ☐ Delete TITLE TITLE JORDAN, JAMES A NAME NAME STREET ADDRESS STREET ADDRESS 18414 NW 13TH ST. CITY-ST-ZIP CITY-ST-ZIP PEMBORKE PINES FL 33020 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME EDUARDO, AVILA STREET ADDRESS STREET ADDRESS 7987 NW 33RD ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITI F NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 (305) 436-601