

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 486926

1. Entity Name

TRANSFIDA COMPANY, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90112 040 ***150.00

Principal Place of Business

Mailing Address

BRICKELL AVE #105
 FL 33131

1428 BRICKELL AVE #105
 MIAMI FL 33131-3409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1705730

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HALPRYN ERNEST M
1428 BRICKELL AVE STE 105
MIAMI FL 33131

Name

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

City

FL

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

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS <input type="checkbox"/> Delete	TITLE	ASSISTANT SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISBERG, ALAN J.	NAME	WEISBERG ALAN J
STREET ADDRESS	290 NW 165 ST, PLAZA 700	STREET ADDRESS	290 NW 165 ST PLAZA 700
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI FL 33169
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAUSE, STEVEN G	NAME	JUDITH A HOERNER
STREET ADDRESS	290 NW 165 ST, PLAZA 700	STREET ADDRESS	1428 BRICKELL AVE #105
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> Delete	TITLE	SECRETARY/TREASURER/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABIANCA, PHILIP	NAME	LABIANCA PHILIP
STREET ADDRESS	1428 BRICKELL AVE, STE 105	STREET ADDRESS	1428 BRICKELL AVE#105
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI FL 33131
TITLE	VPD <input type="checkbox"/> Delete	TITLE	PRESIDENT / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE VECCHI, JOHN	NAME	ERNEST M HALPRYN
STREET ADDRESS	1428 BRICKELL AVE, STE 105	STREET ADDRESS	1428 BRICKELL AVE #105
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

ERNEST M HALPRYN

03-22-00

305 371-4112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)