

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90155 038 \*\*\*150.00

**DOCUMENT # 579801**

1. Entity Name **TRANSATLANTIC TRADING CORP.**

Principal Place of Business

3667 PARK LANE  
 COCONUT GROVE FL 33133

Mailing Address

3667 PARK LANE  
 COCONUT GROVE FL 33133-6826

2. Principal Place of Business

3. Mailing Address

JAY MALINA  
 Suite, Apt. P, etc.  
**4060 KIAORA STREET**  
 COCONUT GROVE, FLORIDA 33133

JAY MALINA  
 Suite, Apt. P, etc.  
**4060 KIAORA STREET**  
 COCONUT GROVE, FLORIDA 33133

Zip

Country

Zip

Country

4. FEI Number **59-1840019**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MALINA, JAY T.**  
**3667 PARK LANE**  
**COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

Name  
 Street Address **JAY MALINA** (Number is Not Acceptable)  
**4060 KIAORA STREET**  
**COCONUT GROVE, FLORIDA 33133**  
 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 *JAY MALINA*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1/10/00*

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

TITLE **PD** ☐ Delete  
 NAME **MALINA, JAY T.**  
 STREET ADDRESS **3667 PARK LANE**  
 CITY-ST-ZIP **COCONUT GROVE FL**

TITLE **STD** ☐ Delete  
 NAME **TRESS, MITCHELL**  
 STREET ADDRESS **3667 PARK LANE**  
 CITY-ST-ZIP **COCONUT GROVE FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME **JAY MALINA**  
 STREET ADDRESS **4060 KIAORA STREET**  
 CITY-ST-ZIP **COCONUT GROVE, FLORIDA 33133**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **4060 KIAORA ST.**  
 CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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: *JAY MALINA*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1/10/00*

Daytime Phone # *305/592-5544*

CR2E034 (9/99)