

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90030 024 ***150.00

028415 AV

DOCUMENT # F01000002634

1. Entity Name

TRANSAT HOLDINGS, INC.

Principal Place of Business

5225 N.W. 87TH AVE., SUITE 100
MIAMI FL 33178

Mailing Address

5225 N.W. 87TH AVE., SUITE 100
MIAMI FL 33178

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

65-1102816

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHREIBER, ALYCE

5225 N.W. 87TH AVE., SUITE 100
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

ANIL GANATRA, CFO

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

5225 N.W. 87TH AVE STE #100

MIAMI FL

City

FL

Zip Code

33178

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/02

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

TITLE	PST	<input checked="" type="checkbox"/> Delete
NAME	SCHREIBER, ALYCE	
STREET ADDRESS	5225 N.W. 87TH AVE., SUITE 100	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	SCHREIBER, ALYCE	
STREET ADDRESS	5225 N.W. 87TH AVE., SUITE 100	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARMENTA, GILBERT	
STREET ADDRESS	5225 N.W. 87TH AVE., SUITE 100	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RASCO, JOSE	
STREET ADDRESS	5225 N.W. 87TH AVE., SUITE 100	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES. DR. INDU SINGH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR	
STREET ADDRESS	5225 N.W. 87TH AVE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	CFO-TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANIL GANATRA	
STREET ADDRESS	5225 N.W. 87TH AVE STE #100	
CITY-ST-ZIP	MIAMI-FL 33178	
TITLE	CEO-DIR WOLFGANG WACKER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5225 N.W. 87TH AVE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	DIR. DR. JOSEPH PERTON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	5225 N.W. 87TH AVE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	DIR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALAH AL-FULAIJ	
STREET ADDRESS	5225 N.W. 87TH AVE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	DIR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROM MATTESICH	
STREET ADDRESS	5225 N.W. 87TH AVE	
CITY-ST-ZIP	MIAMI FL 33178	

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/02

CR2E034 (9/01)