

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

F95000005421

TRANS OCCIDENTAL DE REPRESENTACIONES INCORPORATE  
D

FILED

00 SEP 18 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Calle Cuzicatlan #226  
Colonia Escalon  
San Salvador, El Salvador

Mailing Address

Calle Cuzicatlan #226  
Colonia Escalon  
San Salvador, El Salvador

2. Principal Place of Business

c/o John C. Bierley

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33601

Country

USA

3. Mailing Address

P.O. Box 2939

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

52-1953632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BIERLEY, JOHN C  
100 No. Tampa Street  
Suite 2120  
Tampa, FL 33602

7. Name and Address of New Registered Agent

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

TITLE	PCD	<input type="checkbox"/> Delete
NAME	PANAMA, CARLOS A	
STREET ADDRESS	CALLE CUZICATLAN #226	
CITY-ST-ZIP	COLONIA ESCALON	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PANAMA, GABRIEL A	
STREET ADDRESS	CALLE CUZICATLAN #226	
CITY-ST-ZIP	COLONIA ESCALON	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PANAMA, SONIA R	
STREET ADDRESS	CALLE CUZICATLAN #226	
CITY-ST-ZIP	COLONIA ESCALON	
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
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STREET ADDRESS		
CITY-ST-ZIP		

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-09/28/00-01105-013  
\*\*\*\*\*550.00-\*\*\*\*\*550.00

**KE**

CR2E034 (9/99)

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 an other-like empowered.

SIGNATURE:

CARLOS A. PANAMA, President

Date

Daytime Phone #

9/9/00

c/o (813) 226-1875