

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90099 005 ***150.00

DOCUMENT # F95000005421**1. Entity Name**
TRANS OCCIDENTAL DE REPRESENTACIONES INCORPORATE
D**Principal Place of Business**
C/O JOHN C BIERLEY
CALLE CUZICATION #226 COLONIA ESCALTON
SAN SALVADOR, EL SALVADOR
OC**Mailing Address**
C/O JOHN C. BIERLEY
P.O. BOX 2939
TAMPA FL 33601

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.**3. Mailing Address**

Suite, Apt. #, etc.**City & State****City & State****4. FEI Number** **52-1953632****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****BIERLEY, JOHN C**
100 NO. TAMPA STREET
STE 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** ☐ **Delete**
NAME **PCD**
STREET ADDRESS **PANAMA, CARLOS A**
CITY-ST-ZIP **CALLE CUZICATLAN #226**
COLONIA ESCALON**TITLE** ☐ **Delete**
NAME **VD**
STREET ADDRESS **PANAMA, GABRIEL A**
CITY-ST-ZIP **CALLE CUZICATLAN #226**
COLONIA ESCALON**TITLE** ☐ **Delete**
NAME **SD**
STREET ADDRESS **PANAMA, SONIA R**
CITY-ST-ZIP **CALLE CUZICATLAN #226**
COLONIA ESCALON**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
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP**TITLE** ☐ **Change** ☐ **Addition**
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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:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/02

813 251 5849

CR2E034 (9/01)