004268 20-Sep-01 04:18P

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 SEP 21 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000004303

1. Entity Name: Trans-Tec Services, Inc.

Principal Place of Business / Mailing Address: 700 S. Royal Poinciana Blvd #800 Miami Springs FL 33166

2. Principal Place of Business: Same as above
3. Mailing Address: Same as above

Suite, Apt. #, etc.: | Suite, Apt. #, etc.:

City & State: | City & State:

Zip: | Country: | Zip: | Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 13-3799507 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent: NRAI Services, Inc. 526 E Park Avenue Tallahassee, FL 32301

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 resigning) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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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: President NAME: Robert Tocci STREET ADDRESS: 700 S Royal Poinciana Blvd CITY-ST-ZIP: Miami Springs FL 33166 ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: Treasurer NAME: Scoppetuolo, Steve STREET ADDRESS: 700 S Royal Poinciana Blvd CITY-ST-ZIP: Miami Springs FL ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition 400004625IB4 -10/05/01--01063--010 ****550.00 ****550.00
TITLE: Secretary NAME: Diaz, Isabel STREET ADDRESS: 700 S Royal Poinciana Blvd CITY-ST-ZIP: Miami Springs FL 33166 ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: VP NAME: Abaunza, Carlos STREET ADDRESS: 700 S Royal Poinciana Blvd CITY-ST-ZIP: Miami Springs FL 33166 ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: Director NAME: Kasbar, Michael STREET ADDRESS: 700 S Royal Poinciana Blvd CITY-ST-ZIP: Miami Springs, FL 33166 ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: Director NAME: Blair, Jerrold STREET ADDRESS: 700 S Royal Poinciana Blvd CITY-ST-ZIP: Miami Springs FL 33166 ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition

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: Isabel — 9/19/01 — Secretary — (305) 884-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FAX: 8506810011 — DCC SERVICES