

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004323

1. Entity Name

TRANS-TEC SERVICES, INC.

FILED  
Jan 30, 2002 8:00 am  
Secretary of State

01-30-2002 90051 038 \*\*\*150.00

Principal Place of Business

700 SOUTH ROYAL POINCIANA BLVD., STE 800  
MIAMI SPRINGS FL 33166

Mailing Address

700 SOUTH ROYAL POINCIANA BLVD., STE 800  
MIAMI SPRINGS FL 33166

00016006



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3799507

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
KASBAR, MICHAEL  
STREET ADDRESS 700 SOUTH ROYAL POINCIANA BLVD., SUITE 800  
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE ☐ Delete  
NAME T  
SCOPPETUOLO, STEVE  
STREET ADDRESS 700 SOUTH ROYAL POINCIANA BLVD., SUITE 800  
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE ☐ Delete  
NAME S  
DIAZ, ISABEL  
STREET ADDRESS 700 SOUTH ROYAL POINCIANA BLVD., SUITE 800  
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE ☐ Delete  
NAME V  
AUBAUNZA, CARLOS  
STREET ADDRESS 700 S ROYAL POINCIANA BLVD STE 800  
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Delete  
NAME D  
BLAIR, JERROLD  
STREET ADDRESS 700 SOUTH ROYAL POINCIANA BLVD., SUITE 800  
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE ☐ Delete  
NAME P  
TOCCI, ROBERT  
STREET ADDRESS 700 SOUTH ROYAL POINCIANA BLVD., STE 800  
CITY-ST-ZIP MIAMI SPRINGS FL 33166

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)