

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

05-01-2003 90755 001 *2,250.00
K66295

03 MAY 20 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K66295

1. Entity Name
TRANS-GLOBAL DEVELOPERS, INC.



Principal Place of Business
**12074 S.W. 125TH STREET, #124
MIAMI, FL 33186**

Mailing Address
**12074 S.W. 125TH STREET
MIAMI, FL 33186**

2. Principal Place of Business

**1800 SW 27 Ave
Suite #402**

3. Mailing Address

**12074 SW 125 ST.
Suite, Apt. #, etc.**

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0531844

Applied For
Not Applicable

Zip
33145

Country

Zip
33186

Country

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

6. Name and Address of Current Registered Agent

**SANCHEZ, MARIO JR.
12074 S.W. 125TH STREET
MIAMI, FL 33186**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when substituting)

DATE

**FILE NOW! FILING IS \$150.00
ANY MAY 2003 FEE WILL BE \$50.00
OR CHECK PAYABLE TO FLORIDA DEPARTMENT OF STATE**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
PEREZ, LISSETTE B
12074 S.W. 125TH STREET
MIAMI, FL 33186**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SANCHEZ, MARIO JR
12074 SW 126
MIAMI, FL 33186**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MARTINEZ, DANIEL D
12074 SW 126
MIAMI, FL 33186**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like and empowered.

SIGNATURE: ☒

Mario Sanchez Jr.

4/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2034 (10/02)