

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90229 026 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # K68407			
1. Entity Name TRANESS, INC.			
Principal Place of Business 1655 W FLAGLER ST MIAMI FL 33135 US		Mailing Address 8160 GENEVA CT APT A-413 MIAMI FL 33166 US	
2. Principal Place of Business 8160 Geneva CT		3. Mailing Address P.O. Box 520753	
Suite, Apt. #, etc. A-413		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33166	Country USA	Zip 33152	Country USA
4. FEI Number 65-0129211		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
PEREZ, OSCAR J 8160 GENEVA COURT #A-413 MIAMI FL 33166			
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: _____ (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. <input type="checkbox"/> (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PEREZ, OSCAR J 8160 GENEVA COURT, #A-413 MIAMI FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Oscar Perez		Date 04-29-2002 Daytime Phone # (305) 477-5663	

CR2E034 (9/01)