## **2001 UNIFORM BUSINESS REPORT (UBR)**

			•	<del> ,</del>							
DOCUMENT # L0000013484					FILED						
TRANSNET COMMUNICATIONS BRASIL LLC					01 MAY 11 AM 9:31						
Principal Place of Business Mailing Address				TALLAHA				RY OF STATE SEE, FLORIDA			
3501 QUADRANGLE 3501 QUADRANGLE SUITE 355 SUITE 355 ORLANDO FL 32817 ORLANDO FL 32817								, COMIDA	7		
2. Principal Place of Business 3. Mailing Address								<b>                                    </b>			
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE						
City & Stat	ie .	City & State	ty & State			4. FEI Number			Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status D		tus Desired	\$5.00 Additional Fee Required				
, 6. Name and Address of Current Registered Agent					7. Name	and Addn	ess of New Regi	!	1000		
				7. Name and Address of New Registered Agent  Name DENNIS PVECEIA							
ARNOLD MATHENY & EAGAN PA				Street Address (P.O. Box Number is Not Acceptable)   SviTc					To	120	
801 N MAGNOLIA AVE				respective of the					7 3011211-		
SUITE 201  ORLANDO FL 32802				City WINTER PARK,				FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its regi				office or register	te or registered agent, or both, in the State of Florida.					<i></i>	
De Bleen Rome Oders While											
SIGNATURE Signature, typed or plinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$50.00											
Make Check Paya				Department of	f State			ļ			
9.	MANAGING MEMBI	RS/MEMBERS	10.				ADDITIONS/CH	IANGES			
THTLE	CHAIRMAN, DIREC	Delete	TITLE	,				☐ Cha	nge ,	Addition	
NAME STREET ADDRESS	AMMAN CHARANI	12, Suite 120	NAME STREET A	ADDRESS							
CITY-ST-ZIP WINTER PANK, FL 3Y792			CITY-ST					: 			
TITLE	PRESIDEM, DIM	Delete	TITLE					☐ Cha	nge	Addition	
NAME STREET ADDRESS	AREF ALTAWA	750	NAME	ADDRESS	90000			3 <b>76809</b> 3 370101007003			
CITY-ST-ZIP	PRESIDEM, DING AREF ALTAWA 4037 METRIC DR WINTER PARK FL	31722 F	CITY-ST	***			*****50				
TITLE	SECRETORY TOTER	Total Defete	TITLE					¦ ☐ Cha	nge	Addition	
NAME STREET ADDRESS	DENNIS P. VECCIA HODOMETRIC DRIVES SUITE		NAME STREET A	ADDRESS							
CITY-ST-ZIP			CITY-ST			`					
TITLE	DIRECTON, VICE PA	(S. Dent Delete	TITLE			•		☐ Cha	nge	Addition	
NAME	MANI NATUAL	un c Talla	NAME	*DDD500							
STREET ADDRESS CITY-ST-ZIP	WINTEN PARK, FL 3VISL		CITY-ST	ADDRESS 1-zip				1			
TITLE		☐ Delete	TITLE					. □ Cha	nge	Addition	
NAME STREET ADDRESS			NAME STREET A	ADDRESS				ı			
CITY-ST-ZIP			CITY-ST	l l				1			
TITLE		☐ Delete	TITLE					☐ Cha	nge	Addition	
NAME ,			NAME CTOSET A	ADDRESS							
STREET ADORESS CITY-ST-ZIP			STREET A	.							
11. 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 properties true and accurate and that my signature shall have the same legal effect on if modes not be that the properties and that my signature shall have the same legal effect on if modes not be that I am a managing moment of the											
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											

SIGNATURE: 407-384-4VV0 & 1606

SIGNATURE AND DIPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date

Description Prome #