2001 UNIFORM BUSINESS REPORT (UBR)					
DOCUMENT # L0000001 1. Entity Name	6099				
COM.TRANS.FLORIDA, LLC	, -		FILED		
Principal Place of Business	Mailing Address	200			
341 83RD AVE	34183 RP	ROW	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
ST. PETE BCH F1 32706	, , - ,	3706	THE PRIMISSEE, PLOKINA		
2. Principal Place of Business AVE	3. Mailing Address	•			
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
ST. PETE BCU	& State City & State		/ - /// - ///	pplicable	
3706 Country 4	Zip	Country	5. Certificate of Status Desired South Status Desired Fee Required	nal	
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
VILLAM BREZINSKY		Name			
341 83RD AVE ST. PETE BCH. FL 3>706		Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
ST. PETE BCH.					
FL 3>70	6	City	FL Zip Code		
8. The above named entity submits this statement for					
SIGNATURE Signature, typed or printed name of registered agent a	TINGU PRES	ZIPE ~ / : Registered Agent signature rea	guired when reinstating) DATE		
· · · · · · · · · · · · · · · · · · ·	FILE NO	W!!! FEE IS \$50.	00		
:	Make Check Pay	rable to Departmen	nt of State		
9. MANAGING MEMBI		10.	ADDITIONS/CHANGES		
TITLE PRESIDENT NAME VILIAM BREZIA STREET ADDRESS CITY ST. ZIP. CITY ST. ZIP. CITY ST. ZIP. CITY ST. ZIP.	SK7 . Delete	TITLE NAME	Change	3 (11/00)	
STREET ADDRESS 341 83RD AVE	FC. 33706	STREET ADDRESS CITY-ST-ZIP			
TITLE VICE PRESIDENT	Delete	TITLE	Change	CR2E08	
NAME HA MINH 90N STREET ADDRESS 341 83RD AVE		NAME STREET ADDRESS	- 900004547439 -08/21/01010710		
CITY-ST-ZIP ST. PETE BOX.	FC 33706		-08/21/01010710 *****50.00 *****5	0.00	
NAME	Delete	NAME	Change	Addition	
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP TITLE	□ Delete	CITY-ST-ZIP TITLE	☐ Change	Addition	
NAME CTREET ADDRESS		NAME STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE NAME	Change C	Addition	
NAME STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐	Addition	
NAME '*	☐ Delete	NAME .	_ Grange _		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
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 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: William Stages 6-1-200/ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					