

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001787

1. Entity Name
TRANSGROUP ATLANTIC LC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 28 AM 10:02

Principal Place of Business
1220 NORTH MARKET STREET, SUITE 606
WILMINGTON DE 19801

Mailing Address
1220 NORTH MARKET STREET, SUITE 606
WILMINGTON DE 19801-2598



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
WORLD FUND, INC.
STE 302, E BLDG #34/20 CUBA AVE & 34 ST
PANAMA CITY 5 PANAMA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
EURO-AMEX EXCHANGE, INC.
STE 302, E BLDG #34/20 CUBA AVE & 34 ST
PANAMA CITY 5 PANAMA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
200003384252-5
-03/06/00-01097-022
****100.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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CITY- ST- ZIP
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CITY- ST- ZIP
☐ Change ☐ Addition

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 and that of any other person who has 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 of the entity to which this report is required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

05.15.2000.

Date

Daytime Phone #

CR2E083 (9/99)