

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** L99000001787  
**1. Entity Name**  
TRANSGROUP ATLANTIC LC  
AMERICAN INCORPORATERS LTD.  
1220 NORTH MARKET STREET, SUITE 606, WILMINGTON, DE 19801

**DO NOT WRITE IN THIS SPACE**

|  |       |  |       |
|--|-------|--|-------|
| <b>2. Principal Place of Business</b><br>1333 N.DUVAL ST.,<br>TALLAHASSEE,<br>FL 32303 |       | <b>3. Mailing Address</b><br>1333 N.DUVAL ST.,<br>TALLAHASSEE,<br>FL 32303 |       |
| City & State   | Zip   | City & State   | Zip   |
| Tallahassee, FL  | 32303 | Tallahassee, FL  | 32303 |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**4. FEI Number** Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**  
Name **FLORIDA FILING & SEARCH SERVICES, INC.**  
Street Address (P.O. Box Number is Not Acceptable) **1333 N.DUVAL ST.,**  
**TALLAHASSEE FL 32303**  
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. **DATE** \_\_\_\_\_

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

**9. MBR MANAGING MEMBERS/MANAGERS**

|  |   |  |                                   |
|--|---|--|-----------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <b>WORLD FUND, INC</b><br><b>STE 302, E BLDG NO34/20, CUBA AVE &amp;34TH ST.</b><br><b>PANAMA CITY 5, PANAMA</b>                        | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <b>MBR</b><br><b>EURO-AMEX EXCHANGE INC.</b><br><b>STE 302, E BLDG NO34/20, CUBA AVE &amp; 34TH ST.</b><br><b>PANAMA CITY 5, PANAMA</b> | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <b>000005763530</b>               |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <b>DO NOT WRITE IN THIS SPACE</b> |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                   |

**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**

**Date**

**Daytime Phone #**

**RICARDO J. PEREZ**

**03.11.2002**

CR2E083B (12/01)