

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90017 022 \*\*\*150.00

**DOCUMENT # M06780**

1. Entity Name

**TRANSEA INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

11900 BISCAYNE BLVD  
 STE 502B  
 MIAMI FL 33181  
 US

11900 BISCAYNE BLVD  
 SUITE 502B  
 MIAMI FL 33181-2749  
 US

2. Principal Place of Business

*2532 Royal Palm Way*

3. Mailing Address

*P.O. BOX 266425*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*WESTON, FL*

City & State

*WESTON, FL*

4. FEI Number

**59-2456387**

Applied For

Not Applicable

Zip

Country

*33327-1505*

*USA*

Zip

Country

*33326-6425*

*USA*



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERLOW, JEFFREY M.**  
**1820 E. HALLANDALE BEACH BLVD.**  
**HALLANDALE FL 33009**

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

*Soryl Cohen - President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*JAN 24 2000*

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **P COHEN, SORYL**  
 STREET ADDRESS **11900 BISCAYNE BLVD, STE 502B**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Add  
 NAME **P COHEN, SORYL**  
 STREET ADDRESS **2532 ROYAL PALM WAY**  
 CITY-ST-ZIP **WESTON, FL 33327-1505**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Add  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 changed, or on an attached address with other like empowered.

SIGNATURE:

*Soryl Cohen - President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*JAN 24 / 00 954-217-7*

Date

Daytime Phone #