

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # M56922**

1. Entity Name

**CONGRESS BUSINESS CENTER CORP.****FILED****Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90001 046 \*\*\*150.00

Principal Place of Business

**% TRANSAL CORP.**  
**2121 S.W. 3RD AVENUE, SUITE 800**  
**MIAMI FL 33129**

Mailing Address

**% TRANSAL CORP.**  
**2121 S.W. 3RD AVENUE, SUITE 800**  
**MIAMI FL 33129**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2839442**

Applied For

Not Applicable

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

**TRANSAL CORP.**  
**2121 S.W. 3RD AVENUE**  
**8TH FLOOR**  
**MIAMI FL 33129**

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

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DV	POMA, EDUARDO	2121 SW 3RD AVE., 8TH FLOOR							
	DVS	PITA, RODOLFO E.	2121 SW 3RD AVE., 8TH FLOOR							
	DP	POMA, ERNESTO	2121 SW 3RD AVE., 8TH FLOOR							

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 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)