

2001 **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **M62961**

**TRANSLINK INC.**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90043 003 \*\*\*150.00

1. Principal Place of Business 300 N.W. 183RD STREET MIAMI FL 33169-1464		Mailing Address 300 N.W. 183RD STREET MIAMI FL 33169-4464	
2. Principal Place of Business		3. Mailing Address	
County		Zip	Country



DO NOT WRITE IN THIS SPACE

4. Filing Number **65-0015187**  Not Applicable

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

6. Name and Address of Current Registered Agent <b>BAILEY, ABE A</b> 18350 NW 2ND AVENUE 5TH FLOOR MIAMI FL 33163		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	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.

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

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	<b>D</b> <input type="checkbox"/> Delete <b>LEWIS, ANDREW</b> 9021 S.W. 54 ST. COOPER CITY FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>LEWIS, LOLLITA</b> 9021 S.W. 54 ST. COOPER CITY FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>LEWIS, CONRAD</b> 9021 S.W. 54 ST. COOPER CITY FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I, the undersigned, certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(9)(a), Florida Statutes. I further certify that the information furnished in 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 of this report, or on an attachment with an address, with all other like empowered.

*L. Lewis* **LOLLITA LEWIS** **4/27/01 (305) 770-4098**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #