2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M62961

1. Entity Name
TRANSI INK INC



Mar 31, 2003 8:00 am Secretary of State 03-31-2003 90289 008 ***150.00

FILED

Principal Place of Business 300 N.W. 183RD STREET MIAMI FL 33169-1464		300 N.W. 18	Mailing Address 300 N.W. 183RD STREET MIAMI FL 33169-1464				
2. Principal F	Place of Business	3. Mailing A	ddress			ON GHOLI BABA DHOLI D	
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc.		☐ CHECK HERE IF MAK	KING CHANGES	
City & State		City & Sta	City & State		4. FEI Number 65-0015187		oplied For
Zip	Country	Zip	Cou	untry	5. Certificate of Status Desired	\$8.75 Ad	ditional
	6. Name and Address of Curre	nt Registered Ag	ent	<u> </u>	7. Name and Address of New Register	<u> </u>	-
DAILEN A				Name	general distriction of the second of the sec		ŀ
BAILEY, A	- 04			Street Address (I	P.O. Box Number is Not Acceptable)		
5TH FLOC	V 2ND AVENUE					•	
MIAMI FL				City		⊏ ∎ Zip Cod	
						r L	
	e named entity submits this statemen tions of registered agent.	t for the purpose o	f changing its registe	ered office or register	ed agent, or both, in the State of Florida. I	am familiar with,	and accept
OLON ÉSTUBE					•		
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registe	ared Agent signature required	when reinstating) DA	NTE.	
્રિક F	ILE NOW!!! FEE IS \$150.00				9. Election Campaign Financing	¢E ſ	00 May Be
	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department				Trust Fund Contribution.		to Fees
10.	-	ND DIRECTORS	T 11		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE	D	· · · · · · · · · · · · · · · · · · ·					J
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-64-03 505 71

Daytime Phone 4

CR2E034 (10/0)