

**2002 UNIFORM BUSINESS REPORT (UBR)**

0297551 AV

**DOCUMENT # P0000042248**  
 1. Entity Name  
**TRANSCON PROFESSIONAL GROUP, INC.**

**FILED**  
**02 FEB 27 AM 2: 58**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



Principal Place of Business: **12151 SOUTHWEST 131 AVENUE MIAMI FL 33186-6472**  
 Mailing Address: **12151 SOUTHWEST 131 AVENUE MIAMI FL 33186-6472**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-1004348**  
 Applied For  Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**  
 Name: **SPIEGEL & UTRERA, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable): **1840 Southwest 22 Street**  
**4th Floor**  
 City: **Miami** State: **FL** Zip Code: **33145**

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.  
**Spiegel & Utrera, P.A.**  
 By: *[Signature]*  
**Lawrence J. Spiegel, President** (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, 2002 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**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>FERNANDEZ-RIERA, MARIO L</b>	
STREET ADDRESS	<b>12151 SOUTHWEST 131 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186-6472</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WONG, BEATRIZ S</b>	
STREET ADDRESS	<b>12151 SOUTHWEST 131 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186-6472</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, CARMEN</b>	
STREET ADDRESS	<b>12151 SOUTHWEST 131 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186-6472</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>300005073933--0</b>	
STREET ADDRESS	<b>-03/08/02--01074--024</b>	
CITY-ST-ZIP	<b>****150.00 ****150.00</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/4/02**  
 Date

Daytime Phone #

CR2E034 (9/01)