## FILED 2002 Uniform Business Report (UBR) Mar 13, 2002 8:00 am **DOCUMENT #** P00000044776 **Secretary of State** 1. Entity Name TRANSGLOBAL AEROSPACE, INC. 03-13-2002 90144 041 \*\*\*150 00 Principal Place of Business Mailing Address 5406 NW 72 AVE. 5406 NW 72 AVE. MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address NW5454 13 &1 1389 $\omega \omega$ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-1010645 Miami y an Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired っ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. CALDERA, FELIPE Street Address (P.O. Box Number is Not Acceptable) 5406 NW 72 AVE. MIAM! FL 33166 City Zip Code FL 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 3. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. resident CR2E034 (9/01) TITLE Change ■ Addition TITLE ☐ Delete aldera. CALDERA, FELIPE NAME NAME 1389 NW 54 St. 5406 NW 72 AVE. STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP CITY-ST-ZIP miami Change ☐ Addition ☐ Delete TITLE TITLE OLIVER, ANA D NAME NAME Oliver 721 SE PL STREET ADDRESS 150 place STREET ADDRESS CITY-ST-7IE HIALEAH FL 33100 CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

REET ADDRESS

NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

V-C

2-22-02

305-887-251

☐ Change

☐ Addition

Daytime Phone #