

FILED  
Apr 25, 2003 8:00 am  
Secretary of State

04-25-2003 90168 019 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000051691

1. Entity Name  
TRANSOCAR CORP.



Principal Place of Business  
1080 99TH STREET  
NO. B13  
BAY HARBOR, FL 33154

Mailing Address  
1080 99TH STREET  
NO. B13  
BAY HARBOR, FL 33154

2. Principal Place of Business

1945 Sams Souci Blvd.

Suite, Apt. #, etc.

3. Mailing Address

1945 Sams Souci Blvd.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

North MIAMI FL

City & State

North MIAMI FL

4. FEI Number

65-1011871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

Country

33181

USA

Zip

Country

33181

USA

6. Name and Address of Current Registered Agent

GARCIA, CARLOS J  
1080 99 ST NO. B13  
BAY HARBOR, FL 33154

Name

CARLOS J. GARCIA

Street Address (P.O. Box Number is Not Acceptable)

1945 Sams Souci Blvd.

City

North MIAMI

FL

Zip Code

33181

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/16/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution: ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
GARCIA, CARLOS J  
1080 99 ST NO B13  
BAY HARBOR, FL 33154 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
GARCIA CARLOS J.  
1945 SAMS SOUCI BLVD.  
NORTH MIAMI FL 33181 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

CARLOS J. GARCIA

04/16/03

Date

305 968 5931

Daytime Phone #

CR2E034 (10/02)