

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000070896

1. Entity Name

TRANSMAXX INTERNATIONAL REALTY, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90363 004 ***150.00

0209955

Principal Place of Business Mailing Address
5309 NW 79 AVE 5309 NW 79 AVE
MIAMI FL 33166 MIAMI FL 33166

60039948



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5309 NW 79th Ave 5309 NW 79th Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami Fla Miami Fla
Zip Country Zip Country
33166 USA 33166 USA

4. FEI Number Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHRANK, JOEY W
2802 W OAKLAND PARK BLVD
FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(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, 2001 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT / Sec / Tre
Joey W. Schrank
2802 W. OAKLAND PK BLVD
Fort Lauderdale, Fla. 33311

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

305-710-2565

Daytime Phone #

CR2E034 (10/00)