2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90189 003 ***158.75

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DOCUMENT # P00000071356

1. Entity Name
TRANS VOICE INVESTMENTS INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11900 BISCAYNE Blvd	11900 BISCAYNE Blvd
Suite, Apt. #, etc. 262	Suite, Apt. #, etc. 262
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33181 County DADE	Zip 33181 County DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-102 7129 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name DAVID M. BERMAN

Street Address (P.O. Box Number is Not Acceptable) 18500 N. KENDALL Dr.

Suite 129

City MIAMI FL Zip Code 33186

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 DAVID BERMAN 1/25/02
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature is required on all filed amendments) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT & Director
NAME	STANLEY Myatt
STREET ADDRESS	11900 Biscayne Blvd #262
CITY-ST-ZIP	MIAMI, FL 33152
TITLE	SECY & Director
NAME	MARTIN MILLER
STREET ADDRESS	11900 Biscayne Blvd #262
CITY-ST-ZIP	MIAMI, FL 33152
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: President 1/25/02 305.981.9955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #