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FILED
Jul 10, 2001 8:00 am
Secretary of State

04-12-2001 90163 026 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092908

1. Entity Name

TRANS PLUS OF SOUTH FLORIDA, INC.

(UR)

Principal Place of Business	Mailing Address
1900 BANKS RD. MARGATE FL 33063	1900 BANKS RD. MARGATE FL 33063

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1038969 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~VIERIA, ROBERTO~~
1900 BANKS RD.
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name VIERIA SHAWN

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 X Trajano Costa Filho X Shawn O Vieira 3-27-01

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VIERIA, ROBERTO 1900 BANKS RD. MARGATE FL 33063	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Trajano Costa Filho 2611 N.E. 11 ave. Pompano Beach, FL 33064	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President SHAWN VIERIA. 1900 - Banks - Rd. Margate, FL 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: Shawn O. Vieira X Trajano Costa Filho 4-9-01 (954)968-2586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #