2001 UNIFORM BUSINESS REPORT (UBR)

Mar 13, 2001 8:00 am DOCUMENT # P00000097888 **Secretary of State** 1. Entity Name TRANSGLOBAL REAL ESTATE TRUST, INC. 03-13-2001 90323 019 ***150.00 Principal Place of Business Mailing Address 965 N Nob Hill Road, #302 965 N Nob Hill Road, #302 Plantation, Florida 33324 Plantation, Florida 33324 N0025032 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1052519 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARC COREY CHANCELOR Street Address (P.O. Box Number is Not Acceptable) 965 N Nob Hill Road, #302 Plantation, Florida 33324 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TH TITLE VP/Sec/Dir **I**XOelete TITLE VP/Sec/Dir Change CR2E034 (11/00 Addition SHAI MORALI 965 N Nob Hill Road, #302 NAME NAME MARC COREY CHANCELOR 965 N NOD HILL Road, #302 STREET ADDRESS STREET ADDRESS Plantation, Florida 33324 CITY-ST-ZIP Plantation, Florida 33324 CITY-ST-ZIP President DIVE Delete 11115 ☐ Change Addition MARC COREY CHANCELOR NAME NAME 965 N Nob Hill Road, #302 STREET ADDRESS STRILLI ADDRESS CITY-ST-ZIP CITY-ST-ZIP Plantation, Florida 33324 Delete 1171 E BHE Change . Addition NAME. NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND THE PRIMITED NAME OF STERLING OFFICER OR DIRECTOR

SIGNATURE:

March 7, 2001

(954) 478-6800

Daytime Phone #