

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91784 049 ***150.00

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

DOCUMENT # P01000070916			
1. Entity Name TRANS CONNECTION INC.			
Principal Place of Business 2841 N.W. 91 AVE., UNIT 202 CORAL SPRINGS, FL 33065		Mailing Address 2841 N.W. 91 AVE., UNIT 202 CORAL SPRINGS, FL 33065	
2. Principal Place of Business 8050 NW 47th St.		3. Mailing Address 8050 NW 47th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lauderhill FL		City & State Lauderhill FL	
Zip 33351		Zip 33351	
Country United States		Country United States	
4. FEI Number 65-1123152		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, LOUIS D 13446 S.W. 62 ST. MIAMI, FL 33183		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when returning)			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D COLLADO, THELMA B 2841 N.W. 91 AVE., UNIT 202 CORAL SPRINGS, FL 33065		D Collado, Thelma B 8050 NW 47 th St. Lauderhill FL 33351	
D COLLADO, EDDY A 2841 N.W. 91 AVE., UNIT 202 CORAL SPRINGS, FL 33065		D Collado, Eddy A 8050 NW 47 th St. Lauderhill FL 33351	
[Delete]		[Change] [Addition]	
[Delete]		[Change] [Addition]	
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[Delete]		[Change] [Addition]	
[Delete]		[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: <u>Thelma Collado</u> Thelma Collado 4/30/03 (954) 592-8226			

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☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)