

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90001 024 ***550.00

DOCUMENT # P01000114045

1. Entity Name
TRANCE CORPORATION

Principal Place of Business
1645 W. 41 STREET. APT. #1
HIALEAH FL 33012

Mailing Address
1645 W. 41 STREET. APT. #1
HIALEAH FL 33012

2. Principal Place of Business
9550 NW 79 AVE.

3. Mailing Address
9550 NW 79 AVE.

Suite, Apt., etc.
BAY 18

Suite, Apt., etc.
BAY 18

DO NOT WRITE IN THIS SPACE

City & State
HIALEAH GARDENS-FL

City & State
HIALEAH GARDENS - FL

4. FEI Number
65-1157718

Applied For
☐ Not Applicable

Zip
33014.

Country
US

Zip
33014

Country
US.

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

6. Name and Address of Current Registered Agent

SEIJAS, ERNESTO V
1645 W. 41 STREET, APT. #1
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name **ERNESTO V. SEIJAS**

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

313 W 10 ST APT D

City **HIALEAH**

FL

Zip Code **33010**

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 **ERNESTO V. SEIJAS**

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

(NOTE: Registered Agent signature required when reinstating)

08/07/2002

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
NAME **SEIJAS, ERNESTO V**
STREET ADDRESS **1645 W. 41 STREET, APT. #1**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/07/2002.

Date

Daytime Phone #

CR2E034 (4/02)